

**Child and Adult Care Food Program (CACFP)**  
**Training Packet and Handbook**  
**Sponsoring Organizations of Family Day Care Homes**  
**FY 2018-2019**



**Division of School and Community Nutrition**  
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<https://education.ky.gov/federal/SCN/Pages/CACFPHomepage.aspx>

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.”

## **Table of Contents**

<u><b>Page</b></u>	<u><b>Topic</b></u>
3	<u><a href="#">Introduction to the Child and Adult Care Food Program</a></u>
5	<u><a href="#">Federal Requirements</a></u>
8	<u><a href="#">Record Keeping</a></u>
9	<u><a href="#">Civil Rights Compliance</a></u>
13	<u><a href="#">Training Documentation</a></u>
16	<u><a href="#">Menu Records Information</a></u>
20	<u><a href="#">Detailed Meal Patterns</a></u>
23	<u><a href="#">Meal Pattern Requirements</a></u>
24	<u><a href="#">Infant Meals</a></u>
27	<u><a href="#">Infant Addendum</a></u>
28	<u><a href="#">Meal Pattern Requirements for Infant</a></u>
29	<u><a href="#">Weekly Menu Record and Participants Claim Form</a></u>
34	<u><a href="#">Medical Statement and Substitutions</a></u>
36	<u><a href="#">Enrollment Form and Instructions</a></u>
38	<u><a href="#">Income Eligibility Guidelines</a></u>
39	<u><a href="#">Income Application Information and Instructions</a></u>
41	<b>Income Application and Letter</b>
43	<u><a href="#">Sign-in and Sign-Out Sheets</a></u>
44	<u><a href="#">Program Costs Documentation</a></u>
47	<u><a href="#">ACQR</a></u>
49	<u><a href="#">How to Add a New Site/Provider</a></u>
50	<u><a href="#">Pre-Approval Visit Form</a></u>
52	<u><a href="#">Monitor Review</a></u>
53	<u><a href="#">CACFP Program Integrity and Appeals Procedure</a></u>
61	<u><a href="#">CACFP Reference Sheet</a></u>
62	<u><a href="#">FDCH Checklist</a></u>

## **Child and Adult Care Food Program**

The Child and Adult Care Food Program (CACFP) provides reimbursements to institutions and sponsoring organizations that provide creditable meals to participants enrolled in child care centers, day care homes, homeless shelters, and adult day care centers.

### **Your organization is eligible to participate in this program if you are:**

- A public or private nonprofit organization, including sponsoring organizations of unaffiliated centers, head start, and at-risk sites.
- A private for-profit center in which 25% of the enrolled participants or licensed capacity, whichever is less, has been documented as low income.
- A homeless/domestic violence/emergency shelter operated by a public or not-for-profit organization that provides support to homeless children in temporary residential settings, or
- The center may qualify according to other program regulations.

Child care centers and adult day care centers can participate in the Child and Adult Care Food Program either independently or through a sponsoring organization that accepts full administrative and financial responsibility for the program. Day care homes must participate through a sponsoring organization; they cannot participate in the Child and Adult Care Food Program independently.

Family Daycare Home Providers can receive CACFP benefits if their participants are:

- Age 12 years or under; or
- Children of migrant workers age 15 or under; or
- Mentally/physically disabled persons, as defined by the State, at any age if the majority of enrollees are age 18 or under; or
- Children enrolled in At Risk After School Programs
- Temporary residents of homeless shelters 18 years of age or younger, and residents of any age who have disabilities.

**Note: All criteria listed above may not apply to your organization.**

## **Goals**

The Goals of the Child and Adult Care Food Program are:

- To ensure that well balanced, nutritious meals are served to children in care.
- To help children learn to eat a wide variety of foods as part of a balanced diet.
- Provide reimbursement for meals served.

## **Home Participation**

Family day care homes must be licensed, registered or certified, and fit the USDA definition of a family day care home. Certified homes must have a current certification. Registered homes must have a yearly letter that they have completed the “registered” process.

CACFP regulations define a family day care home as “an organized non-residential child care program for children enrolled in a private home, licensed or approved as a family day care home and under the auspices of a sponsoring organization.”

## **Family Day Care Home Sponsors**

Licensed family daycare homes participate in the Child and Adult Care Food Program through affiliation with a Family Day Care Home Sponsor. These Sponsors have an agreement with Kentucky Department of Education, School and Community Nutrition to provide total oversight of the Child and Adult Care Food Program (CACFP) for the facilities (homes) they sponsor. This includes ensuring that all related program regulations and instructions are followed and accepting final administrative and financial responsibility for food service operations in all of the homes under its jurisdiction.

All Family Day Care Home (FDCH) Sponsors must be either government or private non-profit institutions. Private individuals and for-profit organizations are not eligible to function as Sponsors.

## **Yearly Renewal for Sponsors**

Sponsors must reapply for participation in the Program every fiscal year by completing the institution application in the CNIPS web-based system. Sponsors must submit a management plan with accompanying administrative budget. Through the renewal process Sponsors must demonstrate that they are operating the Program in accordance with all Program regulations and requirements and that their organization is financially viable, administratively capable and accountable as described in 7CFR 226.6.

## Federal Requirements

### Regulations related to FDCH

- 226.2 definitions
- 226.6 Administrative Reviews for FDCH
- 226.12 Administrative payment to Sponsoring Organizations for FDCH
- 226.13 Food Service Payment to Sponsoring Organizations for FDCH
- 226.15(f) Tiering Information
- 226.15 Renewal, Management Plan
- 226.18 FDCH provisions

Federal regulations at **7 CFR Part 226** requires institutions participating in the Child and Adult Care Food Program to maintain support documentation for claims submitted.

These regulations can be found at:

**<http://www.fns.usda.gov/cacfp/regulations>**

### **Compliance Review Requirements and Process**

The compliance review is performed in order to ensure an institution's compliance with federal requirements.

- Once trained in the federal requirements, an institution is given a first month visit to assist the new institution in achieving compliance.
- The institution will then receive an actual compliance review the following year.
- If the institution is found to be in compliance they will receive the next review within the next three years.
- If the institution is found to be deficient, they will be reviewed the following year.
- If the same deficiencies are discovered in the follow up review, the institution may be moved to intent to terminate.
- Once terminated, the institution and responsible parties will be added to the National Disqualified list (NDL) and may not participate with the CACFP for 7 years.
- Institutions will be notified of any deficits via email through a findings report.
- These findings must be addressed by the institutions through the submittal of a Corrective Action Plan.
- The Corrective Action Plan is due 30 days from the date of the email. The Corrective Action Plan must include the following information:
  - What are the findings and the procedures that will be implemented to address the findings?
  - Who will address the findings? List Personnel responsible for this task.
  - When will the problem be addressed? Provide a time line for implementing the procedure (i.e., will the procedure be done daily, weekly, monthly, or annually, and when will it begin.)
  - Where will the corrective action plan documentation be retained within the facility?

- How will the staff be informed of the new policies?
- Additional supporting documentation (i.e., policies and procedures that have been modified or implemented to ensure that findings are fully and permanently corrected) must be submitted with the corrective action plan.
- Information regarding the appeal process is located toward the end of this handbook.

## **Women Infants and Children (WIC)**

Each institution (other than outside-school-hours care centers, at-risk afterschool care centers, emergency shelters, and adult day care centers) must ensure that parents of enrolled children are provided with current information on the benefits and importance of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the eligibility requirements for WIC participation. Please ensure a poster is displayed and contact the State agency for replacement posters as needed.

<https://fns-prod.azureedge.net/sites/default/files/1999-4-14.pdf>

To safeguard the health of low-income women, infants, and children up to age 5 who are at nutrition risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care.

<https://www.fns.usda.gov/wic/about-wic-wics-mission>

## **Benefits**

The following benefits are provided to WIC participants:

- Supplemental nutritious foods
- Nutrition education and counseling at WIC clinics
- Screening and referrals to other health, welfare and social services

<https://www.fns.usda.gov/wic/about-wic-wic-glance>

## **How to obtain benefits**

Contact the WIC State or local agency serving your area to schedule an appointment. Applicants will be advised about what to bring to the WIC appointment to help determine eligibility.

<https://www.fns.usda.gov/wic/who-gets-wic-and-how-apply>

## **Income Eligibility Standards-**

<https://fns-prod.azureedge.net/sites/default/files/wic/WIC-IEGS-2017.pdf>

**Additional Information may be found at:**

<https://www.fns.usda.gov/wic/women-infants-and-children-wic>

## **Sponsoring Organizations Responsibilities**

**Sponsoring Organizations must disperse reimbursements to participating sites within 5 days of receiving payment.**

### **Record Keeping**

Sponsors that participate in the Child and Adult Care Food Program (CACFP) must maintain records at the sponsor/center location. Sponsoring organizations of Providers are responsible for ensuring that each Provider under the sponsorship is maintaining current month records. Sponsors must ensure each Provider maintains copies of at least the previous twelve months records. These records must accurately reflect program operations. Failure to maintain such records will result in the recovery of reimbursement and/or termination from the Program.

An organized system for filing and maintaining records will save time when completing the monthly Report and Claim for Reimbursement. **All monthly records and supporting documentation must be assembled to justify the monthly claim for reimbursement in the institutions or sponsoring organization's main office.**

Records to support reimbursement must be maintained on file for a minimum of 3 years plus the current year:

**Failure to maintain any of the records listed above may result in the recovery of reimbursements.**  
**[7 CFR 226.10(d)]**

1. Provider files will contain:
  - Menus
  - Enrollment Forms
  - Sign in/out sheets
  - Free/Reduced Price Income Applications for providers who claim their own children and/or mixed tiered homes.
  - Operational information (tiering information, number of children, meals to be claimed)
  - Agreement and monitor reviews
  - Licensure information (capacity, license number, expiration date)

# Civil Rights Compliance and Grievance Procedures

The goal of Civil Rights is to ensure that Child Nutrition Program benefits are made available and provided to all eligible individuals without discrimination.

## Customer Service

- One of the best ways to ensure compliance with civil rights laws and ensure that we treat everyone the same is to provide excellent customer service.
- Providing good customer service is key to avoiding the appearance or perception by anyone of unlawful discriminatory statements or actions.
- Professionalism, listening skills, availability, responsiveness, reliability, and conflict resolution are all factors that contribute to customer satisfaction. These skills can turn an unacceptable or disappointing experience into a success story.

## Conflict Resolution

- Conflict resolution is key to preventing a situation from potentially getting out of hand and is one component of quality customer service.
- Conflict resolution skills can help in everyday life as well as in your professional life.
- For more information on Conflict Resolution, visit the Conflict Resolution Network.  
<http://www.crnhq.org/>

**Discrimination** is defined as distinguishing a person, or group of people, **either in favor of or against** others intentionally and doing so by neglect or by actions or by lack of actions.

**The six protected classes** associated with the Child and Adult Care Food Program are race, color, national origin, sex, age and disability.

## **Responsibilities of Institutions and Sponsoring organizations**

USDA regulations outline responsibility regarding civil rights compliance in CACFP.

The areas of compliance are:

1. Public Notification System
2. Data collection,
3. Training and
4. Grievance Procedures.

## **Compliance Areas**

### **1. Public Notification System (PNS)**

- **News Release:**  
Effective October 1, 2016 the State Agency will publish the News Release on behalf of existing Sponsors.
- **Submit a News Release to a Media Source and Grassroots Organization**  
(NEW SPONSORS ONLY)



#### **a. Non-Discrimination Statement**

- The statement in its entirety is required on all materials where the CACFP is referenced such as, but not limited to, promotional literature, parent handbooks and websites.
- The statement can be listed in its entirety on websites or the following hyperlink referenced: <http://education.ky.gov/federal/SCN/Pages/USDANondiscriminationStatement.aspx>
- Institutions and sponsoring organizations must convey the message of equal opportunity in all photographic and other graphics used to provide program information.

#### **\*\* The complete Non-Discrimination Statement is displayed below.\*\***

“In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.”

#### **b. Language Barriers/Limited English Proficiency (LEP)**

- All institutions must have the capability of providing informational materials in the appropriate translation concerning the availability and nutritional benefits of the Child and Adult Care Food Program, as well as the procedures for filing a discrimination complaint.

#### **\*\* The link below provides translations for CACFP materials \*\***

<http://www.fns.usda.gov/documents-available-other-languages>

## **2. Data Collection**

- Ethnic and racial data for each site must be documented annually within the 1<sup>st</sup> Monitor Review;
- Institutions must maintain 3 years plus current year of the documentation of ethnic and racial data;
- The collection of racial and ethnic data allows institutions and sponsoring organizations, and the state agency to determine how effectively the program is reaching the diversity of a population and if outreach is needed.

**(1)Percentage breakdown of eligible population by racial-ethnic category for the elementary school closest to your site. The link to the racial/ethnicity report for KDE schools is on SCN’s website.**

**(2) Program Participants=the number of participants enrolled in the CACFP program at your center.**

<b>Ethnicity Data</b>		
<p align="center"><b>Geographic Area</b></p> <p>Percentage breakdown of eligible population by racial-ethnic category for the school nearest the center.  The link to the racial/ethnicity report for KDE schools is on SCN's website at:  <a href="https://education.ky.gov/federal/SCN/Documents/Public%20School_Ethnicity%20Report.pdf">https://education.ky.gov/federal/SCN/Documents/Public%20School_Ethnicity%20Report.pdf</a></p>		
<b>Hispanic or Latino</b>	<b>%</b>	
<b>Non-Hispanic or Latino</b>	<b>%</b>	
<p align="center"><b>Program Participants</b></p> <p>The number of participants enrolled in the CACFP program at the center.  (This is to only be done on the first monitor review of the year.)</p>		
<b>Hispanic or Latino</b>		
<b>Non-Hispanic or Latino</b>		

<b>Racial Data</b>		
<p align="center"><b>Geographic Area</b></p> <p>Percentage breakdown of eligible population by racial-ethnic category for the school nearest the center. The link to the racial/ethnicity report for KDE schools is on SCN's website at:  <a href="https://education.ky.gov/federal/SCN/Documents/Public%20School_Ethnicity%20Report.pdf">https://education.ky.gov/federal/SCN/Documents/Public%20School_Ethnicity%20Report.pdf</a></p>		
<b>American Indian or Alaskan Native</b>	<b>%</b>	
<b>Asian</b>	<b>%</b>	
<b>Black or African American</b>	<b>%</b>	
<b>Native Hawaiian or Other Pacific Islander</b>	<b>%</b>	
<b>White</b>	<b>%</b>	
<p align="center"><b>Program Participants</b></p> <p>The number of participants enrolled in the CACFP program at the center.  (This is to only be done on the first monitor review of the year.)</p>		
<b>American Indian or Alaskan Native</b>		
<b>Asian</b>		
<b>Black or African American</b>		
<b>Native Hawaiian or Other Pacific Islander</b>		
<b>White</b>		

### 3. **Training**

- Sponsoring organizations must offer civil rights training to all people involved in their program: staff, volunteers and contractors.
- Training is required **prior** to the start of any program duties; training is ongoing as staff, volunteers and contractors enter throughout the fiscal year.
- Staff, volunteers and contractors must be trained annually.
- Sponsoring organizations are **required by regulation to** document civil rights training efforts through dated In-Service Training forms identifying that the topic was covered (See In-Service Training form).

### 4. **Civil Rights Complaint Procedure**

#### **Institutions and Sponsoring Organization responsibilities**

- Keep grievance procedure forms in accessible place and inform necessary persons of location.
- Must accept either written or verbal complaints. May NEVER impede participant's ability to file.
- Move complaint forward in a timely manner (forward to state agency within 3 days).

#### **Participant Rights**

- Knowledge of all non-discrimination information.
- How to file a claim if they believe their civil rights have been violated.

A claim may be filed up to 180 days following an alleged action or incident.

## **Sponsoring Organization/Provider In-Service Training Documentation**

Child care institutions and sponsoring organizations must conduct and document staff/provider training with key staff regarding Child and Adult Care Food Program requirements.

Documentation of the training may be recorded on the In-Service Training Form.

**In addition to the mandatory Civil Rights Training, the State Agency recommends discussing the following topics during staff training:**

1. Civil Rights Compliance (**MANDATORY**),
2. Meal pattern requirements (necessary food components and proper portion sizes to be served at each meal as illustrated on the Food Chart),
3. Meal counts (requirement that staff conduct the meal count at the time of each meal service and document the number of meals served on the Monitor Review form),
4. Facilities may only claim two meals and one snack or two snacks and one meal per child per day,
5. Sign in/out sheets,
6. Safety and sanitation,
7. Menus (Participant and Infant),
8. Other records required by the Child and Adult Care Food Program (CACFP), the United States Department of Agriculture (USDA) and the State Agency.

**Ongoing training should be conducted and documented as the institution hires new staff throughout the fiscal year. New staff must be trained within the 1<sup>st</sup> week of employment. Remember to always have new staff members document attendance of training with signature. The In-Service Training Form may be used to document when training is completed. The trainer must provide a signature and date for all new staff trained throughout the year.**

**Any staff conducting in-service training must have completed training on CACFP policies and procedures.**

**A Civil Rights Training Video is available on the State Agency Website.**

## **Training Form Instructions**

1. Fill in the date, name of institution, location of training and training conducted by.
2. Mark the box next to the topics covered at the training. (*Civil Rights and “instruction, appropriate to the level of staff experience and duties” of the CACFP is Mandatory*). Mark the box and List any additional topics covered.
3. Have Participants print, sign and give their title and what center they are associated with under the Site Name column.
4. Please attach additional pages if needed.
5. The trainer must sign and date the form.
6. File the In-Service Training form in the CACFP folder labeled, “In-Service Training”.

DATE \_\_\_\_\_

**Kentucky Department of Education  
Division of School and Community Nutrition  
Sponsor In-Service Training Documentation  
REGISTRATION FORM**

Name of Institution: \_\_\_\_\_ Location \_\_\_\_\_

Training Conducted by: \_\_\_\_\_

**Topics**

**Covered:** ☐ Civil Rights (Mandatory)

(Check all ☐ Meal Patterns

that apply) ☐ Meal Counts

☐ Claim Submission

☐ Review Procedures

☐ Record Keeping Requirements

☐ Reimbursement System

☐ Updates from Annual Training

☐ \_\_\_\_\_

Printed Name	Signature	Title	Site Name
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

*\*Please add an additional page for more Training Participants*

I certify that the above topics have been discussed with the personnel listed on the date indicated.

Trainer's Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*7 CFR 226.15(e), 7 CFR 226.16(d)(2-3) and FNS 113-1*

## **MENUS 7 CFR 226.15 (e) 10**

**All Providers are required to keep Menu Records.** Menus function as an important tool to ensure that homes meet proper meal pattern requirements. Menus also report which foods are prepared and served to participants. Therefore, Menus help support food purchases and costs. When listing food items served on Menu Records, be very specific as to the type (i.e. fresh pineapple, canned pineapple tidbits or pineapple slices) and date served. The Food Buying Guide will be a necessary and important reference tool during meal planning and preparations. Providers are responsible for purchasing and preparing adequate amounts of each component for the number of children being claimed during the meal service.

**Completed Menus must be posted/available and support food purchases.**

### **Meat/Meat Alternate Substitution during the Breakfast Meal**

Be advised that the Meat/Meat Alternate substitution is allowable only in the CACFP.

If you are a licensed facility, please be sure you are also following licensing requirements.

### **Indicating Substitutions**

Any substitutions made should be indicated on the Weekly Menu at the beginning of the day or as soon as possible.

### **Identifying Whole Grain Rich (WGR) or Whole Wheat (WW) on menus**

Indicate the meal service in which the requirement is met for the day by using WGR or WW on the weekly menu.

### **Keeping WGR, WW and Yogurt Labels**

Maintain labels as source documentation that the requirements were met.

### **Water**

In accordance with FNS Policy Memo CACFP 20-2016, child care centers and Family Day Care Homes participating in CACFP shall make potable water available and offered to children throughout the day, including meal times. Water should be made available to children upon request, but does not have to be available to children self-serve.

**It is the responsibility of the Sponsor/Provider to ensure that meals meet minimum requirements as to meal components and portion sizes per participant.** In addition, the sponsoring organization should provide additional training to the Provider in the use of the Food Buying Guide.

**The USDA Food Buying Guide gives guidance on the amount purchased/prepared for reimbursement. This guide may be found online at:**

Food Buying Guide:

<http://fbg.nfsmi.org/>

### **Catered Meals**

For catered meals, please see the Catering Guidance Handbook:

<http://education.ky.gov/federal/SCN/Pages/Catering-Resources.aspx>

## **Field Trips**

Field trips are allowed. The following items need to be addressed:

1. Check with the local health department and licensure to ensure approval of the field trip plan.
2. Notify the Sponsoring Organization or The State Agency (whichever is appropriate) in writing (email) that the children will be out of the center for that meal (dates and times).
3. Change the menu to reflect any changes in the meal being served on the field trip
4. Keep proper documentation such as meals counts.

## **Combination dishes**

(i.e. products or recipes containing foods from more than one food group).

- Can only be credited for no more than two meal pattern components.
- This will ensure that the participants do not go hungry when a combination dish is disliked or not eaten.

## **Processed Combination Dinners**

Child Nutrition (CN) and Manufacturer Labels – Ensure that all commercially processed combination dishes (i.e., those dishes containing more than one meal pattern component) have a CN label or manufacturer's product analysis sheet to verify that meal pattern requirements are being met. If a CN label/manufacturer's product analysis sheet is not available, verify that another creditable food is added in sufficient quantity to meet the meal pattern requirements.

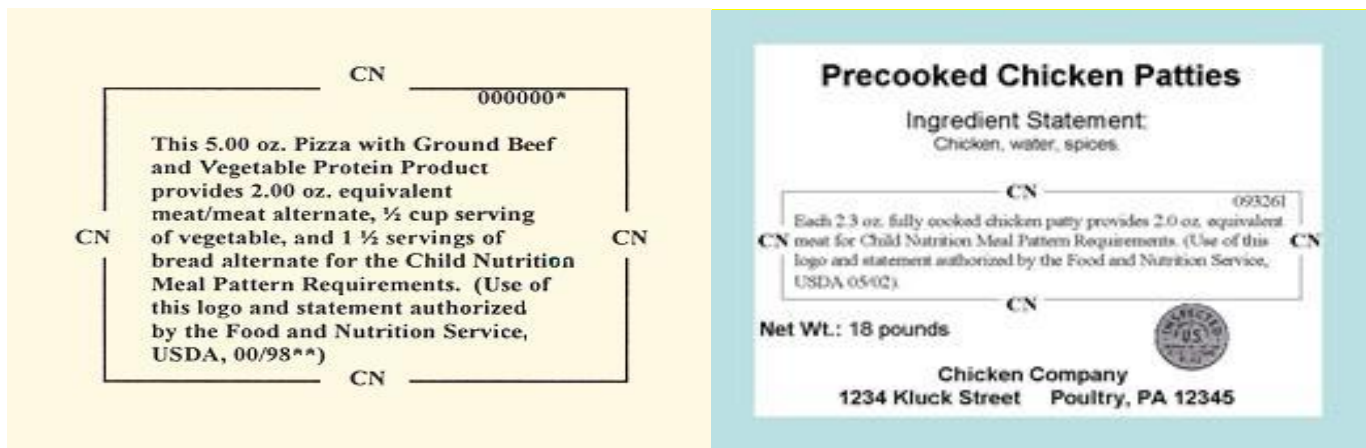
- Commercially processed combination foods must have a **CN label** or a product fact sheet from the manufacturer stating the food component contribution to the meal pattern.
- It is **Highly Recommended** not to serve processed meats, such as sausage, hot dogs and cold cuts more than twice a month.
- Meals containing processed food without a CN label or a product fact sheet may be **disallowed**.

## **Child Nutrition (CN) Label**

### **Documenting CN Labeled Products Requirements**

The CN Label is the gold standard for verifying the crediting of menu items and provides a warranty against audit claims when the product is used according to the manufacturer's instructions. Valid and acceptable documentation for the CN Label is:

- 1) the original CN Label from the product carton; or
  - 2) a photocopy of the CN Label shown attached to the original product carton; or
- a photograph of the CN Label shown attached to the original product carton. (CN Labels that are photocopied or photographed must be visible and legible.)- *USDA Policy Memo-CACFP09-2015*



The CN Label clearly specifies what food components and serving sizes are provided by the product.

### Product Formulation Statement (For items where a CN label is not available)

The PFS should only be requested when reviewing a processed product *without* a CN Label.  
*USDA Policy Memo-CACFP09-2015*

Example of a Product Formulation Statement:

**Fish - 0.5 oz stick x 0.25 (25% Fish) x 0.75 (USDA yield factor) = 0.0975 oz/stick**  
**Soy Protein concentrate - 0.5 oz stick x 0.066 (6.6% SPC) x 3.6 Hydration factor x 1.00 (USDA yield factor) = 0.1188 oz/stick**  
**0.0975 oz + 0.1188 oz = 0.2163 oz meat/meat alternate per stick**  
  
**7 Sticks x 0.2163 oz meat/meat alternate per stick = 1.51 oz meat/meat alternate**  
  
**Seven 0.5 oz sticks would provide 1.50 oz equivalent meat for Child Nutrition.**

**DISCLAIMER: This product contains grains that are not creditable in school meal programs. Additional grains must be served to meet meal pattern requirements.**

**Please note this item is not currently produced to CN standards, nor is CN approved.**

The information in the Product Fact Sheet cannot be found in the Nutrition Facts, it must come from the manufacturer.

Nutrition Facts		(-) Information is currently not available for this nutrient.	
Serving Size	84 G	* Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:**	
Servings Per Container	7		
Amount Per Serving		Percent Daily Values listed below are intended for adults and children over 4 years of age. Foods represented or purported to be for use by infants, children less than 4 years of age, pregnant women, or lactating women shall use the RDI's that are specified for the intended group provided by the FDA.	
Calories	310		
Calories From Fat	60		
Total Fat	9 G	Total Fat	Less than 65g
Saturated Fat	1.5 G	Saturated Fat	Less than 20g
Trans Fat	0 G	Cholesterol	Less than 300mg
Cholesterol	10 Mg	Sodium	Less than 2400mg
Sodium	540.0 Mg	Potassium	Less than 3500mg
Total Carbohydrate	24 G	Total Carbohydrate	300g
Dietary Fiber	2 G	Dietary Fiber	25g
Sugars	2 G	Calories per gram:	
Protein	9 G	Fat 9 • Carbohydrate 4 • Protein 4	
Vitamin A	0		
Vitamin C	0		
Calcium	2		
Iron	8		

In examining the **Product Fact Sheet**, the CACFP serving sizes required for this product would be:

1-2 year olds would need 4.5 -5 sticks for lunch/supper 63.8g-70.89g

3-5 year olds would need 7 sticks for lunch/supper 99.246g (over serving size of 84g)

6+ would need 9.5-10 sticks for lunch/supper. 134.691g-141.78g (over serving size of 84g)



In order for the 1-2 year olds to meet the meat/meat alternate component for lunch, they must consume 4.5-5 fish sticks!!

Some Processed Foods Are Not Cost Effective!

Since the amount required for ages 3-5 and 6+ is greater than the serving size stated by the manufacturer, the amount of servings per box will be less than what the nutrition label states. This means more boxes will need to be purchased in order to meet the meat/meat alternative requirement per child. This excess purchasing will cause an increase in food costs.

### **Procedure for Handling Leftovers**

CACFP Institutions should utilize proper menu planning and production practices to reduce leftovers.

If the CACFP Institution has a significant amount of leftovers the Institution should consider the following options:

- Using the leftovers in a subsequent meal
- Offer seconds to all CACFP participants

Where it is not feasible to reuse leftovers, excess food may be donated to a non-profit organization, such as a community food bank, homeless shelter, or other nonprofit charitable organizations.

The charitable organization must be tax exempt under section 501(c)(3) of the Internal Revenue Code of 1986. All State Food Codes must be followed.

### **Internal procedure for Donated Food –USDA Policy Memo, CACFP 05-2012**

#### ***Institutions and Sponsors Accepting Donated Food***

Institutions may accept donations of food.

Documentation must include the date of the donation along with an itemized list of what was donated and how much.

The value of the donated items cannot be used as part of the monthly food cost justification.

#### ***Institution and Sponsor Donating Leftover Food***

Institutions may donate leftover food to local food banks or other charitable organizations with 501(c)(3) tax exempt status.

## Child and Adult Care Food Program Meal Patterns for Children

This chart lists the amounts and types of food to be served to children one year and older.

<b>Breakfast</b> <b>(Select all three components for a reimbursable meal)</b>				
<b>Food Components and Food Items<sup>1</sup></b>	<b>Ages 1-2</b>	<b>Ages 3-5</b>	<b>Ages 6-12</b>	<b>Ages 13-18<sup>2</sup></b> (at-risk afterschool programs and emergency shelters)
<b>Fluid Milk<sup>3</sup></b>	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
<b>Vegetables, fruits, or portions of both<sup>4</sup></b>	¼ cup	½ cup	½ cup	½ cup
<b>Grains<sup>5,6,7</sup></b>				
Whole grain-rich or enriched bread	½ slice	½ slice	1 slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving	1 serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal <sup>8</sup> , cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) <sup>8,9</sup>				
Flakes or rounds	½ cup	½ cup	1 cup	1 cup
Puffed cereal	¾ cup	¾ cup	1 ¼ cup	1 ¼ cup
Granola	⅛ cup	⅛ cup	¼ cup	¼ cup

1 Must serve all three components for a reimbursable meal.

2 Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.

3 Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older and adults.

4 Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day. Juice served to infants is not creditable.

5 At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.

6 Meat and meat alternates may be used to meet the entire grains requirement a maximum of three times a week. One ounce of meat and meat alternates is equal to one ounce equivalent of grains.

8 Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal).

9 Beginning October 1, 2019, the minimum serving size specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is ¼ cup for children ages 1-2; 1/3 cup for children ages 3-5; ¾ cup for children 6-12; and 1 ½ cups for adults.

7 CFR 226.20

<b>Lunch and Supper</b> <b>(Select all five components for a reimbursable meal)</b>				
<b>Food Components and Food Items<sup>1</sup></b>	<b>Ages 1-2</b>	<b>Ages 3-5</b>	<b>Ages 6-12</b>	<b>Ages 13-18<sup>2</sup></b> (at-risk afterschool programs and emergency shelters)
<b>Fluid Milk<sup>3</sup></b>	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
<b>Meat/meat alternates</b>				
Lean meat, poultry, or fish	1 ounce	1 ½ ounce	2 ounces	2 ounces
Tofu, soy product, or alternate protein products <sup>4</sup>	1 ounce	1 ½ ounce	2 ounces	2 ounces
Cheese	1 ounce	1 ½ ounce	2 ounces	2 ounces
Large egg	½	¾	1	1
Cooked dry beans or peas	¼ cup	⅜ cup	½ cup	½ cup
Peanut butter or soy nut butter or other nut or seed butters	2 tbsp.	3 tbsp.	4 tbsp.	4 tbsp.
Yogurt, plain or flavored unsweetened or sweetened <sup>5</sup>	4 ounces or ½ cup	6 ounces or ¾ cup	8 ounces or 1 cup	8 ounces or 1 cup
<p>The following may be used to meet no more than 50% of the requirement:</p> <p>Peanuts, soy nuts, tree nuts, or seeds, as listed in program guidance, or an equivalent quantity of any combination of the above meat or meat alternates (1 ounce of nuts/seeds = 1 ounce of cooked lean meat, poultry, or fish)</p>	½ ounce = 50%	¾ ounce = 50%	1 ounce = 50%	1 ounce = 50%
<b>Vegetables<sup>6</sup></b>	⅛ cup	¼ cup	½ cup	½ cup
<b>Fruits<sup>6,7</sup></b>	⅛ cup	¼ cup	¼ cup	¼ cup
<b>Grains<sup>8,9</sup></b>				
Whole grain-rich or enriched bread	½ slice	½ slice	1 slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving	1 serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal <sup>10</sup> , cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup

1. Must serve all five components for a reimbursable meal. Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.
2. Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older and adults.
3. Alternate protein products must meet the requirements in Appendix A to Part 226.
4. Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
5. Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
6. A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.
7. At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards the grains requirement.
8. Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal).

<b>Snack</b> <b>(Select two of the five components for a reimbursable snack)</b>				
<b>Food Components and Food Items<sup>1</sup></b>	<b>Ages 1-2</b>	<b>Ages 3-5</b>	<b>Ages 6-12</b>	<b>Ages 13-18<sup>2</sup></b> (at-risk afterschool programs and emergency shelters)
<b>Fluid Milk<sup>2</sup></b>	4 fluid ounces	4 fluid ounces	8 fluid ounces	8 fluid ounces
<b>Meat/meat alternates</b>				
Lean meat, poultry, or fish	½ ounce	½ ounce	1 ounce	1 ounce
Tofu, soy product, or alternate protein products <sup>1</sup>	½ ounce	½ ounce	1 ounce	1 ounce
Cheese	½ ounce	½ ounce	1 ounce	1 ounce
Large egg	½	½	½	½
Cooked dry beans or peas	⅛ cup	⅛ cup	¼ cup	¼ cup
Peanut butter or soy nut butter, or other nut or seed butters	1 tbsp.	1 tbsp.	2 tbsp.	2 tbsp.
Yogurt, plain or flavored, unsweetened or sweetened <sup>5</sup>	2 ounces or ¼ cup	2 ounces or ¼ cup	4 ounces or ½ cup	4 ounces or ½ cup
Peanuts, soy nuts, tree nuts, or seeds	½ ounce	½ ounce	1 ounce	1 ounce
<b>Vegetables<sup>6</sup></b>	½ cup	½ cup	¾ cup	¾ cup
<b>Fruits<sup>6</sup></b>	½ cup	½ cup	¾ cup	¾ cup
<b>Grains<sup>7,8</sup></b>				
Whole grain-rich or enriched bread	½ slice	½ slice	1 slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving	1 serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal <sup>9</sup> , cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) <sup>9,10</sup>				
Flakes or rounds	½ cup	½ cup	1 cup	1 cup
Puffed cereal	¾ cup	¾ cup	1 ¼ cup	1 ¼ cup
Granola	⅛ cup	⅛ cup	¼ cup	¼ cup

**Select two of the five components for a reimbursable snack. Only one of the two components may be a beverage.**

1. Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.
2. Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older and adults.
3. Alternate protein products must meet the requirements in Appendix A to Part 226.
4. Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
5. Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
6. At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.
7. Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal).
8. Beginning October 1, 2019, the minimum serving sizes specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is ¼ cup for children ages 1-2; 1/3 cup for children ages 3-5; ¾ cup for children 6-12; and 1 ½ cups for adults.

## **Meal Pattern Requirements for Children and Adults**

### **No food items are allowed to be deep-fat fried on-site.**

#### **Milk**

- The appropriate type of milk is listed for each age group:
  - Age 1 year: Unflavored whole milk;
  - Ages 2-5 years: Unflavored low-fat or fat-free milk; and
  - Ages 6-18 years and Adults: Unflavored low-fat, unflavored fat-free, or flavored fat-free milk.

#### **Meat/Meat Alternatives**

- The Meat/meat alternate substitution for breakfast is a CACFP practice. Licensing does not currently allow for the substitution at breakfast.
- Meat/meat alternates may replace the entire grains component at breakfast a maximum of three times per week.
- Yogurt contains no more than 23 grams of sugar per 6 ounces. (Retain Nutrition Facts Label)
- Tofu and soy yogurt may be served as a meat alternate.

#### **Fruits/Vegetables**

- A vegetable and fruit must be served during lunch and supper meals. The fruit component may be substituted for a vegetable at lunch and supper meals; when two vegetables are served, they are two different kinds of vegetables.
- Juice is limited to once per day for ages 1 year old and up.

#### **Grains**

- At least one serving of grains per day must be whole grain-rich. *CACFP09-2018*

Any **one** of the following six options may be used to determine if a grain product meets the whole grain-rich criteria. Use of these methods is intended to be flexible so that individual operators, who may use different methods to purchase food (such as wholesale or retail), can easily identify creditable whole grain-rich foods. The operator must only ensure that a food meets at least **one** of the following to be considered whole grain-rich:

1. The product is found on any State agency's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)-approved whole grain food list.
  2. The product is labeled as "whole wheat" and has a Standard of Identity issued by the U.S. Food and Drug Administration (FDA).
  3. The product includes one of the following Food and Drug Administration approved whole-grain health claims on its packaging, exactly as written.
  4. The food meets the whole grain-rich criteria under the NSLP.
  5. The food meets FNS' *Rule of Three*, a three-step process for identifying whole grain-rich products in the CACFP.
  6. Proper documentation from a manufacturer or a standardized recipe demonstrates that whole grains are the primary grain ingredient by weight.
- Breakfast cereals contain no more than 6 grams of sugar per dry ounce.
  - No grain-based desserts are included on the menu.

# INFANT DAILY MENU

- One type of iron fortified formula must be offered by the institution.
- Only iron fortified infant cereal is creditable.

- **7 CFR 226.20 states:**

*“Infant cereal means any iron-fortified dry cereal specifically formulated for and generally recognized as cereal for infants that is routinely mixed with breast milk or iron-fortified infant formula prior to consumption.*

*Infant formula means any iron-fortified formula intended for dietary use solely as a food for normal, healthy infants: excluding those formulas specifically formulated for infants with inborn errors of metabolism or digestive or absorptive problems. Infant formula as served, must be in liquid state at recommended dilution.”*

- Institutions cannot **require** parents/caregivers to supply infant formula or food.
- Parents/Guardians may provide only one creditable food component in order for the meal service to be claimed for infants 6-11 months old. Remaining components when applicable must be purchased and provided by the institution.
- Infant feeding times vary depending on the age and development of the child.
- Meat sticks or "finger sticks" (which look like miniature hot dogs) are not reimbursable as a meat/meat alternate in the Infant Meal Pattern because they could present a choking risk.
- Combination dinners (jarred turkey and rice, etc.) are not creditable.
- <https://fns-prod.azureedge.net/sites/default/files/cacfp/CACFP02-2018os.pdf> states:

“Processed meats and poultry such as chicken nuggets, hot dogs (frankfurters), infant meat and poultry sticks (not dried or semi-dried, not jerky), fish sticks, and sausage may be part of a reimbursable meal. However, they are not recommended. The American Academy of Pediatrics recommends limiting these foods because they are higher in sodium than other meat products. A Child Nutrition Label or product formulation statement is required for these foods to determine the number of pieces per serving and document that portions meet the meal pattern requirements.

- These foods were not previously creditable towards the infant meal patterns due to the risk of choking. All foods served to infants must be prepared in the appropriate texture and consistency for the age and development of the infant being fed. Allowing these foods to credit towards a reimbursable infant meal offers greater flexibility to the menu planner. Consistent with the child and adult meal patterns, hot dogs, infant meat and poultry sticks, and sausage must be free of byproducts, cereals, and extenders in order to be creditable in the infant meal pattern. Additionally, only the chicken and fish portion, not the breaded portion, of chicken nuggets and fish sticks are creditable as a meat.”

Infant meal patterns vary according to the age of the infants. Institutions should ensure that each age group is receiving all required components

The Institution should consult with parents when infant begins to transition to solid foods.

**Refer to the infant meal pattern for required components for each meal.**

# Child and Adult Care Food Program

## Meal Pattern Requirements for Infants

### Birth to 5 Months

#### **Breakfast, Lunch or Supper, and Snack:**

4-6 fluid ounces breastmilk<sup>1</sup> or formula<sup>2</sup> (*Required*)

### 6 to 11 Months

#### **Breakfast:**

6-8 fluid ounces breastmilk<sup>1</sup> or formula<sup>2</sup> (*Required*)

0-4 tablespoons infant cereal<sup>2,3</sup> meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces of ½ cup of yogurt<sup>4</sup>; or a combination of the above<sup>5</sup>

0-2 tablespoons vegetable or fruit<sup>3</sup> or a combination of both<sup>5,6</sup>

#### **Lunch or Supper:**

6-8 fluid ounces breastmilk<sup>1</sup> or formula<sup>2</sup> (*Required*)

0-4 tablespoons infant cereal<sup>2,3</sup> meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or 1/2 cup of yogurt<sup>4</sup>; or a combination of the above<sup>5</sup>

0-2 tablespoons vegetable or fruit<sup>3</sup> or a combination of both<sup>5,6</sup>

#### **Snack:**

2-4 fluid ounces breastmilk<sup>1</sup> or formula<sup>2</sup> (*Required*)

0-½ slice bread<sup>3,4</sup>; or 0-2 crackers<sup>3,7</sup>; or 0-4 tablespoons infant cereal<sup>2,3,7</sup> or ready-to-eat breakfast cereal<sup>3,5,7,8</sup>

0-2 tablespoons vegetable or fruit, or a combination of both<sup>5,6</sup>

1 Breastmilk or formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.

2 Infant formula and dry infant cereal must be iron-fortified.

4 Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

5 A serving of this component is required when the infant is developmentally ready to accept it.

6 Fruit and vegetable juices must not be served.

7 A serving of grains must be whole grain-rich, enriched meal, or enriched flour.

8 Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal).

Name of Child Care Provider: \_\_\_\_\_

## Standard Infant Menu

Iron-fortified infant formula: \_\_\_\_\_

<b><u>Birth to 5 Months</u></b>
<b>Breakfast, Lunch or Supper, and Snack:</b> 4-6 fluid ounces breastmilk <sup>1</sup> or formula <sup>2</sup> ( <i>Required</i> )
<b><u>6 to 11 Months</u></b>
<b>Breakfast:</b> 6-8 fluid ounces breastmilk <sup>1</sup> <b>or</b> formula <sup>2</sup> ( <i>Required</i> )  0-4 tablespoons infant cereal <sup>2,3</sup> meat, fish, poultry, whole egg, cooked dry beans, <b>or</b> cooked dry peas; <b>or</b> 0-2 ounces of cheese; <b>or</b> 0-4 ounces (volume) of cottage cheese; <b>or</b> 0-4 ounces of ½ cup of yogurt <sup>4</sup> ; <b>or</b> a combination of the above <sup>5</sup>  0-2 tablespoons vegetable <b>or</b> fruit <sup>3</sup> <b>or</b> a combination of both <sup>5,6</sup>
<b>Lunch or Supper</b> 6-8 fluid ounces breastmilk <sup>1</sup> <b>or</b> formula <sup>2</sup> ( <i>Required</i> )  0-4 tablespoons infant cereal <sup>2,3</sup> meat, fish, poultry, whole egg, cooked dry beans, <b>or</b> cooked dry peas; <b>or</b> 0-2 ounces of cheese; <b>or</b> 0-4 ounces (volume) of cottage cheese; <b>or</b> 0-4 ounces <b>or</b> ½ cup of yogurt <sup>4</sup> ; <b>or</b> a combination of the above <sup>5</sup>  0-2 tablespoons vegetable <b>or</b> fruit <sup>3</sup> <b>or</b> a combination of both <sup>5,6</sup>
<b>Snack:</b> 2-4 fluid ounces breastmilk <sup>1</sup> <b>or</b> formula <sup>2</sup> ( <i>Required</i> )  0-½ slice bread <sup>3,4</sup> ; <b>or</b> 0-2 crackers <sup>3,7</sup> ; <b>or</b> 0-4 tablespoons infant cereal <sup>2,3,7</sup> <b>or</b> ready-to-eat breakfast cereal <sup>3,5,7,8</sup>  0-2 tablespoons vegetable <b>or</b> fruit, <b>or</b> a combination of both <sup>5,6</sup>

1 Breastmilk or formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.

2 Infant formula and dry infant cereal must be iron-fortified.

4 Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

5 A serving of this component is required when the infant is developmentally ready to accept it.

6 Fruit and vegetable juices must not be served.

7 A serving of grains must be whole grain-rich, enriched meal, or enriched flour.

8 Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal).

7 CFR 226.20(b) (5)



## INFANT ADDENDUM TO ENROLLMENT

Dear Parent:

This child care center participates in the USDA Child & Adult Care Food Program (CACFP). This program provides reimbursement to the center for creditable meals served to your infant while in our care. We want to work with you to provide the very best nutritional care for your baby. Under the CACFP regulations, the center may NOT charge you a separate fee for meals that are claimed for reimbursement.

We use the meal pattern below, which was developed by the USDA for centers participating in the CACFP. The type and amount of foods served vary according to the age of the infant. However, the actual foods we provide will be based on what you tell us about your baby's own food needs.

Age	Breakfast	Lunch and Supper	Snack
Birth through 5 months	4-6 fluid ounces formula or breast milk	4-6 fluid ounces formula or breast milk	4-6 fluid ounces formula or breast milk
6-11 months	<p>6-8 fluid ounces formula or breast milk</p> <p>0-4 tablespoons infant cereal, meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or ½ cup of yogurt; or a combination of the above</p> <p>0-2 tablespoons vegetable or fruit<sup>3</sup> or a combination of both</p>	<p>6-8 fluid ounces formula or breast milk</p> <p>0-4 tablespoons infant cereal, meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or ½ cup of yogurt; or a combination of the above</p> <p>0-2 tablespoons vegetable or fruit<sup>3</sup> or a combination of both</p>	<p>2-4 fluid ounces formula or breast milk</p> <p>0-1/2 slice bread or 0-2 crackers or 0-4 tablespoons infant cereal or ready-to-eat breakfast cereal</p> <p>0-2 tablespoons vegetable or fruit, or a combination of both</p>

Talk with your health care provider and let us know whether you want to use breast milk or a formula while your child is in the center's care. We also need to know when you will introduce solid foods to your infant. You may choose for us to provide the formula, or you may provide the formula for your infant.

(Name of Daycare Center)

currently provides the following formula(s): \_\_\_\_\_

**Please fill out the form below and return it to help us plan the meals for your infant.** If this information changes, you will need to complete a new form.

Sincerely,

Sponsor Representative

Phone Number

Date

MUST BE COMPLETED BY PARENT/GUARDIAN

Infant Name \_\_\_\_\_

Infant Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Check all that apply:

\_\_\_\_\_ **Parent** will breast-feed the infant at the day care center or provide expressed breastmilk or iron fortified formula

\_\_\_\_\_ **Parent** will provide additional baby food

\_\_\_\_\_ **Parent** will provide iron fortified formula/breast milk and **Center** will provide Additional baby food

\_\_\_\_\_ **Center** will furnish all iron fortified infant formula

\_\_\_\_\_ **Center** will furnish all iron fortified infant formula and additional baby food

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**PLEASE NOTE:** Parents may provide their own infant formula or their choice of one infant food item per day  
Please speak to the Center's Director if you wish to make other arrangements.

\*7 CFR 226.20(b)(5)

## **Meal Pattern Requirements for Infants**

### **Encourage and support breastfeeding**

- In addition to serving expressed breastmilk, providers may also receive reimbursement for meals when a breastfeeding mother comes to the child care setting and directly breastfeeds her infant. There are no age restrictions for breastfeeding or serving breastmilk for infants and children.
- Only breastmilk and infant formula are served to infants, birth through the end of 11 months, as developmentally appropriate.

### **Developmentally appropriate meals**

- There are two age groups, birth through the end of 5 months and 6 months through the end of 11 months.
- Solid foods are gradually introduced around 6 months, as developmentally appropriate.

### **Provides nutritious meals**

- The meal pattern:
  - Requires a vegetable or fruit, or both, to be served at snack for infants 6 through 11 months
  - Does not allow juice, or cheese food or cheese spread to be served
  - Ready-to-eat cereals are creditable for snack only

**Parents/Guardians may provide only one creditable food component in order for the meal service to be claimed for reimbursement.**

Name of Provider \_\_\_\_\_

Month: \_\_\_\_\_

Component	Monday Date	Tuesday Date	Wednesday Date	Thursday Date	Friday Date	Saturday Date
<b>Breakfast—Must Serve 3 Components</b>						
Milk						
Meat/Alt.						
Vegetable/Fruit						
Grain	WG	WG	WG	WG	WG	WG
<b>A.M. Snack—Must Serve 2 Components</b>						
Milk						
Meat/Alt.						
Fruit						
Vegetable						
Grain	WG	WG	WG	WG	WG	WG
<b>Lunch—Must Serve 5 Components</b>						
Milk						
Meat/Alt.						
Vegetable						
Fruit/Vegetable						
Grain	WG	WG	WG	WG	WG	WG
<b>P.M. Snack—Must Serve 2 Components</b>						
Milk						
Meat/Alt.						
Vegetable						
Fruit						
Grain	WG	WG	WG	WG	WG	WG
<b>Supper—Must Serve 5 Components</b>						
Milk						
Meat/Alt.						
Vegetable						
Fruit/Vegetable						
Grain	WG	WG	WG	WG	WG	WG
<b>L.N. Snack—Must Serve 2 Components</b>						
Milk						
Meat/Alt.						
Vegetable						
Fruit						
Grain	WG	WG	WG	WG	WG	WG

Certification capacity: \_\_\_\_\_

Number of Provider's own children: \_\_\_\_\_

List children you are claiming this week Circle meals claimed for each child Documentation of enrollment must be available on all children claimed

AGE	CHILD'S FULL NAME LAST FIRST	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	#1	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#2	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#3	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#4	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#5	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#6	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#7	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#8	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#9	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#10	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#11	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#12	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#13	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#14	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#15	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
TOTALS								

REMINDER: You may only claim 3 meals per child per day, 2 meals and 1 snack or 2 snacks and 1 meal  
Remember, that's only 3 circles per day per child.

I certify that the information I have submitted is true and correct to the best of my knowledge, that the records are available to support the information provided, that it is in accordance with the terms of existing agreements and that payment has not been received.  
I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date

**PROVIDER'S TOTALS  
FOR THE WEEK**

BREAKFAST \_\_\_\_\_

AM SNACK \_\_\_\_\_

LUNCH \_\_\_\_\_

PM SNACK \_\_\_\_\_

SUPPER \_\_\_\_\_

LN SNACK \_\_\_\_\_

**OFFICE USE ONLY**  
TOTALS FOR THE WEEK  
TIER I TIER II

BREAKFAST \_\_\_\_\_

AM SNACK \_\_\_\_\_

LUNCH \_\_\_\_\_

PM SNACK \_\_\_\_\_

SUPPER \_\_\_\_\_

LN SNACK \_\_\_\_\_

## **Meal Component Substitutions**

### **Medical Statement for Participants with Special Dietary Needs**

This statement must be completed and submitted to the Provider before any meal substitutions can be made. The parent/guardian will complete the top section and the medical authority will complete, sign and date the bottom section. Refer to the information below for clarification. Attach a sheet with additional information if necessary. If changes are needed, the parent/guardian is required to submit a new form signed by the medical authority.

### **Disability**

Under Section 504 of the *Rehabilitation Act of 1973*, and the *Americans with Disabilities Act (ADA)* of 1990, a “*person with a disability*” means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

Major life activities covered by this definition include caring for one’s self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

USDA regulations **7 CFR Part 15b** require substitutions or modifications in CACFP meals for participants whose disabilities restrict their diets. A participant with a disability must be provided substitutions in foods when that need is supported by a statement signed by a medical authority. The medical authority’s statement must identify: the child’s disability; an explanation of why the disability restricts the child’s diet; the major life activity affected by the disability; the food or foods to be omitted from the child’s diet, and the food or choice of foods that must be substituted.

Generally, children with food allergies or intolerances do not have a disability as defined under either Section 504 of the Rehabilitation Act or Part B of IDEA, and food service may, but is not required to, make food substitutions for them. However, when in the medical authority’s assessment, food allergies may result in severe, life-threatening (anaphylactic) reactions, the child’s condition would meet the definition of “disability,” and the substitutions prescribed by the medical authority must be made.

### **Special Dietary Needs That Are Not a Disability**

Food service providers may make food substitutions, at their discretion, for individual children who do not have a disability, but who are medically certified as having a special medical or dietary need. Such determinations are only made on a case-by-case basis. This provision covers those children who have food intolerances or allergies but do not have life-threatening reactions (anaphylactic reactions) when exposed to the food(s) to which they have problems.

Each special dietary request must be supported by a statement, which explains the food substitution that is requested. It must be signed by a recognized medical authority. The medical statement must include: an identification of the medical or other special dietary condition which restricts the child’s diet; the food or foods to be omitted from the child’s diet; and the food or choice of foods to be substituted.

### **Parent/Guardian Request for Fluid Milk Substitution**

Parents or guardians may now request in writing that non-dairy beverages be substituted for fluid milk for their children with special dietary needs without providing statement from a recognized medical authority. However, fluid milk substitutions requested are at the **option** and expense of the provider.

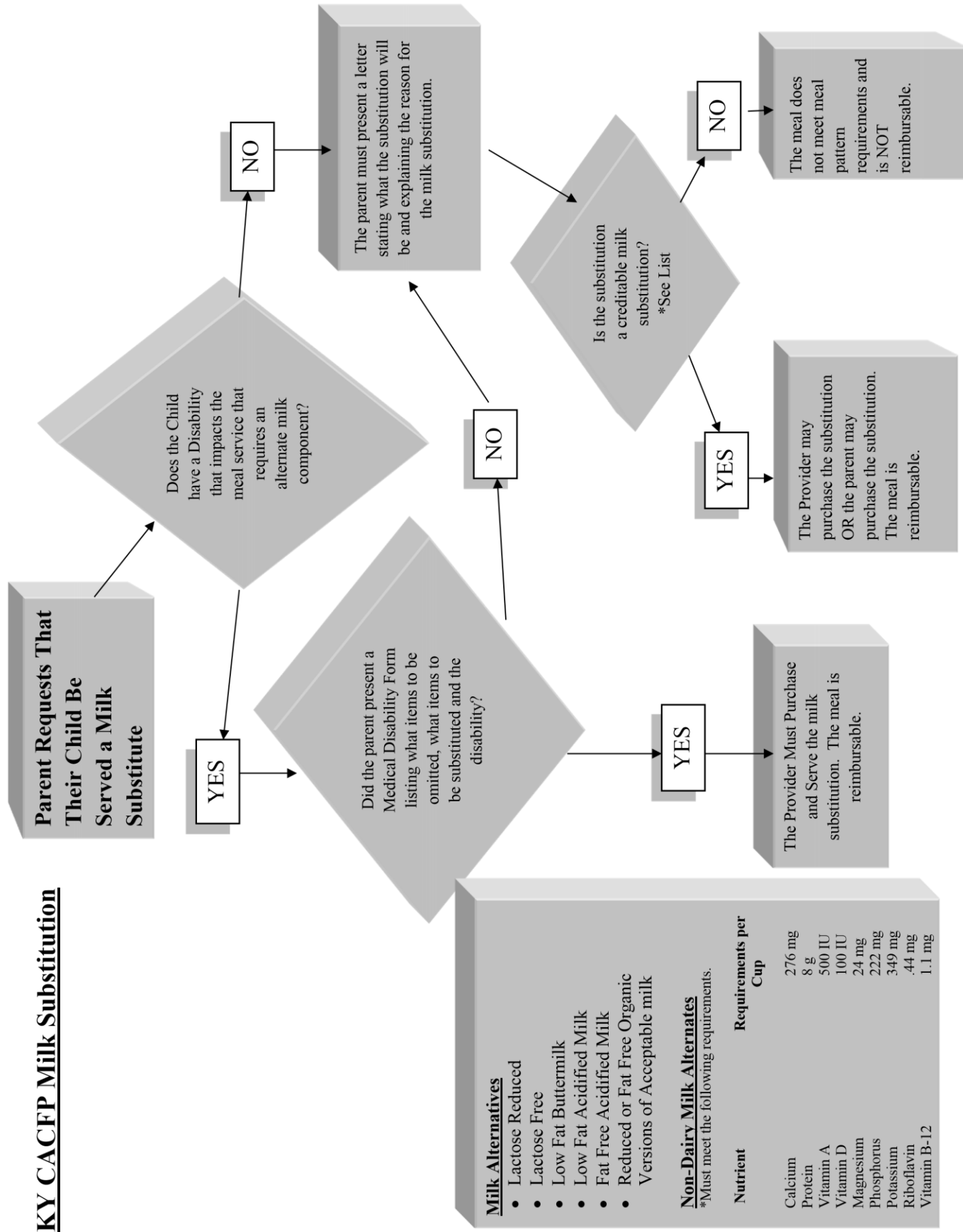
The non-dairy beverage provided must be nutritionally equivalent to fluid milk and meet the nutritional standards set by the United States Department of Agriculture (USDA) for Child Nutrition Programs in order for the provider to claim reimbursement for the meal through the Child and Adult Care Food Program (CACFP).

### **A non-dairy beverage product must contain the following nutrient levels per cup to qualify as an acceptable milk substitution:**

- |                     |                      |                         |
|---------------------|----------------------|-------------------------|
| a. Calcium 276 mg   | d. Vitamin D 100 IU  | g. Potassium 349 mg     |
| b. Protein 8 g      | e. Magnesium 24 mg   | h. Riboflavin .44 mg    |
| c. Vitamin A 500 IU | f. Phosphorus 222 mg | i. Vitamin B-12 1.1 mcg |

Food substitutions can be made for participants who are unable to consume regular program meals due to **religious reasons**. In such cases, a statement from the participant's parents/guardian must be provided on behalf of the participant. The statement should specify the food or foods to be omitted from the participant's diet and specify a choice of foods that may be substituted. The Provider is **not** required to purchase and prepare alternate foods for religious reasons.

# **KY CACFP Milk Substitution**



## CACFP Instructions for Completing the Medical Statement for Participants with Special Dietary Needs

### Parent/Guardian Section

1. Fill in information located in the first section. To be completed by a Parent, Guardian, or Authorized Representative”.
2. Medical Authority must sign and date. A recognized medical authority is anyone medically deemed certified to write prescriptions.
3. Medical Authority must Print their name, title, and give the telephone number where they may be contacted.
4. If participant does not have a disability, but is requesting special accommodation for a fluid milk substitute, the form may be completed by the Parent/Guardian.

### Sponsor Information

1. The statement must be completed in its entirety and submitted prior to substituting any meals.
2. If any changes are needed, a new form will need to be submitted.
3. Parents or guardians may request in writing that a non-dairy beverage be substituted for fluid milk without providing a statement from a recognized medical authority. Fluid milk substitutions requested are at the option and expense of the facility/center.
4. Non-dairy beverage products must at a minimum contain the following nutrient levels per cup to qualify as an acceptable milk substitution.

a. Calcium 276 mg	d. Vitamin D 100 IU	g. Potassium 349 mg
b. Protein 8 g	e. Magnesium 24 mg	h. Riboflavin .44 mg
c. Vitamin A 500 IU	f. Phosphorus 222 mg	i. Vitamin B-12 1.1 mcg



## MEDICAL STATEMENT FOR PARTICIPANTS WITH SPECIAL DIETARY NEEDS

<b>To be completed by a Parent, Guardian, or Authorized Representative</b>											
<b>Participant's Name:</b>	<b>Birthday:</b>										
<b>Parent/Guardian/Authorized Representative name:</b>											
<b>Home Phone: (     )</b>	<b>Work Phone: (     )</b>										
<b>Address:</b>											
<b>City:</b>	<b>State:</b>	<b>Zip:</b>									
<input type="checkbox"/> Participant has a disability or medical condition and requires/requests a special meal or accommodation. <b>(*Recognized Medical Authority must sign)</b>											
<input type="checkbox"/> Participant <b>does not</b> have a disability, but is requesting a special accommodation for a fluid milk substitute that meets the nutrient standards for non-dairy beverages offered as milk substitutes. <b>(Substitutions made at the discretion of the center.)</b>  <b>A non-dairy beverage product must at a minimum contain the following nutrient levels per cup to qualify as an acceptable milk substitution.</b> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 33%;">a. Calcium 276 mg</td> <td style="width: 33%;">d. Vitamin D 100 IU</td> <td style="width: 33%;">g. Potassium 349 mg</td> </tr> <tr> <td>b. Protein 8 g</td> <td>e. Magnesium 24 mg</td> <td>h. Riboflavin .44 mg</td> </tr> <tr> <td>c. Vitamin A 500 IU</td> <td>f. Phosphorus 222 mg</td> <td>i. Vitamin B-12 1.1 mcg</td> </tr> </table>			a. Calcium 276 mg	d. Vitamin D 100 IU	g. Potassium 349 mg	b. Protein 8 g	e. Magnesium 24 mg	h. Riboflavin .44 mg	c. Vitamin A 500 IU	f. Phosphorus 222 mg	i. Vitamin B-12 1.1 mcg
a. Calcium 276 mg	d. Vitamin D 100 IU	g. Potassium 349 mg									
b. Protein 8 g	e. Magnesium 24 mg	h. Riboflavin .44 mg									
c. Vitamin A 500 IU	f. Phosphorus 222 mg	i. Vitamin B-12 1.1 mcg									
<b>Foods to be omitted:</b>	<b>Substitutions:</b>										
<b>Please list foods and information regarding any needed texture changes (chopped, ground, pureed, etc.):</b>											
<b>Please provide any other information regarding the diet:</b>											

*\*Recognized Medical Authority: Anyone who can prescribe medication.*

\_\_\_\_\_  
**Physician/Medical Authority's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name and Title**

\_\_\_\_\_  
**Telephone**

## Instructions for completing the Enrollment Form

### Parent/Guardian Section:

1. **Participant Information**-Fill in participant's name (last, first), date of birth, hours of care and meals normally eaten at the FDCH. If the parent/guardian works multiple shifts and the participant may attend the FDCH on an irregular schedule then mark, "Yes" for the question, "Parent/Guardian works multiple shifts and participants may be in care different days/hours \_\_\_\_yes \_\_\_\_no", otherwise mark, "No".
2. If the parent supplies the FDCH with any food due to medical or religious reasons, then the parent will list what foods are supplied.
3. **Signature and Parent/Guardian Information**-Sign, date, print name and give phone numbers and address.

### Sponsor Section:

1. Ensure form is complete and then the determining official (provider) will sign and date form. If a participant withdraws during the fiscal year, place the date of withdrawal on the line next to, "Date the participant withdrew".

# CACFP ENROLLMENT FORM

## 1. Participant Information: (To be completed by Parent/Guardian)

☐ Participants are related to the Provider

Participant's Last Name	Participant's First Name	Date of Birth	Normal/Typical Hours of Care			Normal/Typical Days of Care (Circle all that apply)							Meals Normally Eaten (Circle all that apply)					
				To		M	T	W	Th	F	Sa	Su	B	AM	L	PM	S	LN
				To		M	T	W	Th	F	Sa	Su	B	AM	L	PM	S	LN
				To		M	T	W	Th	F	Sa	Su	B	AM	L	PM	S	LN
				To		M	T	W	Th	F	Sa	Su	B	AM	L	PM	S	LN
				To		M	T	W	Th	F	Sa	Su	B	AM	L	PM	S	LN
				To		M	T	W	Th	F	Sa	Su	B	AM	L	PM	S	LN

\*Parent/Guardian works multiple shifts and participants may be in care different days/hours \_\_\_\_yes \_\_\_\_no

### Guide:

**Normal hours of care:** Please insert the usual arrival time and the usual departure time. Indicate a.m. or p.m.

**Normal days of care:** Please circle the days of the week the participant(s) are usually in attendance at the facility

(M=Monday;T=Tuesday;W=Wednesday;Th=Thursday;F=Friday;Sa=Saturday;Su=Sunday) **Meals**

**Normally Eaten**-Please circle the meals the participants usually eat at the facility.

(B=Breakfast; AM=AM Supplement; L=Lunch; PM=PM Supplement; S=Supper; LN=Late Night Supplement)

## 2. Do you supply any food to the center for the participant's meals due to medical or religious reasons?

If Yes, please list foods supplied:

## 3. Signature and Parent/Guardian Information:

Parent/Guardian Signature

Date (Parents date form)

Print Name:

Home Telephone

Number

Work Telephone Number:

Address:

City:

State:

Zip Code:

For Provider Use Only. Do not write below this line.

Signature of Provider: \_\_\_\_\_ Date \_\_\_\_\_

Date the participant withdrew: \_\_\_\_\_

"The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at

[http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider and employer." \*7 CFR 226.15 (e)(2)

**INCOME ELIGIBILITY GUIDELINES**  
**For Child Care Centers**  
**(FOR INTERNAL/OFFICE USE ONLY)**  
**INCOME ELIGIBILITY SCALE**

The eligibility scale is for determining participating children's eligibility category for federal meal reimbursement if they are not recipients of SNAP (Formerly food stamps) or K-TAP. Participants from households with total gross incomes at or below the following levels may be eligible for free or reduced-price reimbursement rates.

<b>Income Guidelines for Free/Reduced Price Meals Effective July 1, 2018-June 30, 2019</b>				
<b>Household Size</b>	<b>Free Meals</b>		<b>Reduced Price Meals</b>	
	<i>Monthly</i>	<i>Yearly</i>	<i>Monthly</i>	<i>Yearly</i>
<b>1</b>	<b>\$1,316</b>	\$15,782	<b>\$1,872</b>	\$22,459
<b>2</b>	<b>\$1,784</b>	\$21,398	<b>\$2,538</b>	\$30,451
<b>3</b>	<b>\$2,252</b>	\$27,014	<b>\$3,204</b>	\$38,443
<b>4</b>	<b>\$2,720</b>	\$32,630	<b>\$3,870</b>	\$46,435
<b>5</b>	<b>\$3,188</b>	\$38,246	<b>\$4,536</b>	\$54,427
<b>6</b>	<b>\$3,656</b>	\$43,862	<b>\$5,202</b>	\$62,419
<b>7</b>	<b>\$4,124</b>	\$49,478	<b>\$5,868</b>	\$70,411
<b>8</b>	<b>\$4,592</b>	\$55,094	<b>\$6,534</b>	\$78,403
<b>For each additional family member add:</b>	<b>+\$468</b>	+\$5,616	<b>+\$666</b>	+\$7,992

\* The term "household" means a group of related or unrelated individuals who are not residents of an institution or boarding house but who are living as one economic unit, sharing housing and all significant income and expenses.

**Note:** Children that are recipients of the following programs are automatically eligible for the free reimbursement rate:

- SNAP (formerly known as Food Stamps)
- Kentucky Transitional Assistance Program (K-TAP)
- Foster Care Program
- Head Start or Even Start

## INCOME APPLICATION FOR FDCH

Sponsors participating in the CACFP must qualify Tier 1 day care homes using school data, census data, or provider income. Mixed tiered homes can also fill out income applications. **The eligibility information is confidential for each participant and must be kept on file. The information is considered valid for one calendar year from the date of the parent/guardian/client signature.** The State Agency recommends that sponsoring organizations obtain income information as a part of the enrollment process.

Sponsor must provide the Income Applications to the providers. Providers who want to claim their own children must fill out and submit an income application. All income applications must be reviewed for completeness by the sponsor. **The determining official must sign and date in order for the application to be deemed complete.**

The State Agency will review income applications to ensure that the applications have been completed and the participants are correctly classified. If verification reveals that the application has inaccurately been classified or that numbers of enrolled participants have been incorrectly reported, the State Agency will require a corrected claim.

If a participant is from a family **not** receiving Supplemental Nutrition Assistance Program (SNAP) or Kentucky Transitional Assistance Program (K-TAP), and the participant is not a foster child or participating in Head Start/Early Head Start, the completed application must include the participant's name, birth date, list of all household members, last four digits of the social security number of the head of household, and income by source. The application must be signed and dated by the parent/guardian.

If a participant **is** from a family receiving SNAP or K-TAP, is a foster child or is participating in Head Start/Early Head Start, the completed application must include the participant's name, birth date, SNAP or K-TAP number, or appropriate box checked and must be signed and dated by the parent/guardian.

Please ensure that any SNAP/K-TAP numbers reported are the actual case numbers, not the amount received or the SNAP EBT number.

If a family is unable to complete the income application due to a physical or mental disability, illiteracy, or language barrier, the sponsor may complete the application. The parent/guardian and/or client should make an "X" to indicate that the sponsor has completed the application on their behalf. The staff member must initial and date the income application and indicate why the parent/guardian/client could not complete the form without assistance.

## Instructions for completing the Child Care CACFP Income Application

### Parent/Guardian Section

1. **Child Information**-Please **print** the name(s) of the participant(s) (Last Name, First Name) and Birthdate on the lines below. Please ensure the names listed on the Income Application match the names on the Enrollment Form.
2. **Program Benefits**-If the participant receives funding from **SNAP** or **KTAP**, please list the entire case number next to the participant's name and birthdate, then **skip Section 3** and sign and date **Section 4**. If the participant is participating in **Head Start/Early Head Start** or is a **Foster** child, please mark the appropriate box.
3. **Household Members and Monthly Income**-Please list any other members of the household (Adults, Children) not listed above and their **Monthly** income. *This section must be completed for all participants.*
4. **Signature and Social Security Number**-Please read the statement, "I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws." If the information provided in the previous sections are accurate and true, then sign, give the last 4 digits of your social security number and date. If you do not have a Social Security Number, please check the corresponding box. Finally, print your name, list home and work phone numbers and home address.
5. **Participant's ethnic and racial identities (optional)**-Please indicate participant's ethnic and racial identities.

### Sponsor Section

1. Indicate how participant's eligibility will be determined by checking the corresponding box for **SNAP/K-TAP**, **Foster Care** or **Income Household**. If **Income Household** is used to determine eligibility, total incomes and Household Size from Section 3 and place the numbers on the appropriate blanks.
2. If the participant is receiving **SNAP**, **K-TAP**, is in **Foster Care** or is enrolled in **Head Start/Early Head Start** the participant is automatically eligible as **Free**. If the participant is not receiving any outside support then the household income must be used in order to determine eligibility. Once eligibility has been determined using the **Income Eligibility Guidelines**, mark Tier 1 or Tier 2.

## FDCH Income Application Letter

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in either a child care center or a family day care home. \_\_\_\_\_ offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Income Eligibility Application. In addition, by filling out the Enrollment form/Income Application, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

Income Guidelines for Free/Reduced Price Meals Effective July 1, 2018-June 30, 2019				
Household Size	Free Meals		Reduced Price Meals	
	Monthly	Yearly	Monthly	Yearly
1	\$1,316	\$15,782	\$1,872	\$22,459
2	\$1,784	\$21,398	\$2,538	\$30,451
3	\$2,252	\$27,014	\$3,204	\$38,443
4	\$2,720	\$32,630	\$3,870	\$46,435
5	\$3,188	\$38,246	\$4,536	\$54,427
6	\$3,656	\$43,862	\$5,202	\$62,419
7	\$4,124	\$49,478	\$5,868	\$70,411
8	\$4,592	\$55,094	\$6,534	\$78,403
For each additional family member add:	+\$468	+\$5,616	+\$666	+\$7,992

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

### Institution Representative

### Phone Number

If you have questions about the CACFP and its administration, you may contact, Division Director at 502-564-5625 or at the following address: School and Community Nutrition, Kentucky Department of Education, 2 Hudson Hollow Suite B, Frankfort, KY 40601.

# KY Child and Adult Care Food Program Income Application

## FDCH

This form must have all sections complete in order for this provider to qualify for reimbursement for meals served to your participants. \*For SNAP and K-TAP benefit information, please include the entire case number and skip section 3 then sign and date section 4.

### CHILD INFORMATION (print)

Name of Child (Last, first)

Birthdate

### 2. PROGRAM BENEFITS

SNAP#

K-TAP#

Foster

Head Start  
/Early H.Start

1. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

### 3. HOUSEHOLD MEMBERS AND MONTHLY INCOME:

NAMES OF HOUSEHOLD MEMBERS Including Children Not Listed Above  Last, First	GROSS MONTHLY Income From Work (Before Deductions)	MONTHLY Income From Welfare Payments, Child Support, Alimony	MONTHLY Income From Pensions, Retirement, Social Security	Any Other MONTHLY Income Including Money Received from Kinship/Foster Child
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____

4. **SIGNATURE AND SOCIAL SECURITY NUMBER:** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

X \_\_\_\_\_

**Signature of Adult Household Member**

X \_\_\_\_\_ ☐ No Social Security Number X \_\_\_\_\_

**Last four digits Social Security Number\***

**Date** \_\_\_\_\_

Printed Name \_\_\_\_\_ Home Telephone No. \_\_\_\_\_ Work Telephone No. \_\_\_\_\_

Street/Apt.No. \_\_\_\_\_ City/State/Zip \_\_\_\_\_

5. Participant's ethnic and racial identities (optional) Mark one ethnic identity: \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino

Mark one or more racial identities: \_\_\_\_\_ Asian \_\_\_\_\_ White \_\_\_\_\_ Black or African American \_\_\_\_\_ American Indian or Alaska

Native \_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\*7 CFR 226.2

### FOR SPONSOR USE ONLY. DO NOT WRITE BELOW THIS LINE.

☐ Head Start/Early H. Start

☐ SNAP/K-TAP Household

☐ Foster Care

☐ Income Household:

☐ Tier I

☐ Tier II

Total Household Monthly Income: \_\_\_\_\_

Household Size: \_\_\_\_\_

\_\_\_\_\_  
Signature of Determining Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
W/D Date

\_\_\_\_\_  
Re-enter Date

\*7 CFR 226.23(e)(4)



## Sign in/out sheets

All providers are required to maintain daily sign in/out sheet in order to document an enrolled participant's attendance in the Family Day Care Home.

Both the participant's first and last name must be included on the sign in/out sheets. **The name must be the same name that appears on the CACFP enrollment form.** Please be aware that **sign-in sheets are a licensing requirement.** Participants who attend the day care home for any part of the day is considered present that day.

Failure to maintain sign in/out sheets or maintenance of inadequate sign in/out sheets will result in the recovery of CACFP reimbursement. Sign in/out sheets must be maintained on file for three years plus the current fiscal year.

## PROGRAM COSTS DOCUMENTATION

Every sponsor that participates in the CACFP must demonstrate the operation of a non-profit food service program. **As provided by USDA's Financial Management-Child and Adult Care Food Program Food and Nutrition Service (FNS) Instruction 796-2, Revision 4, all sponsors must operate a non-profit food service in which all CACFP meal payments are expended for allowable costs. This means that ALL of the money you receive in CACFP reimbursement MUST be used ONLY in the CACFP operation. All CACFP records must be maintained on file for three years plus the current year. Sponsoring organizations must establish an administrative budget for each federal fiscal year. SCN determines the limits of a reasonable administrative budget, based on the number of homes sponsored by the organization, the duties of personnel, and the economic conditions in the community.**

### Sponsor Reimbursement

Sponsors receive two types of reimbursement; reimbursement for administrative costs and reimbursement for creditable meals served by family day care home providers. Existing Sponsors that demonstrate a need for expansion to unserved or underserved areas of the population may be eligible for expansion funds. Information for expansion funds are available upon request from the SCN.

### Submitting a Claim for Reimbursement

Claims for both administrative costs and creditable meals are submitted electronically through the CNIPS web-based system. Claims are due by the 15<sup>th</sup> of the month for the previous month.

Claim errors identified by the system will be displayed on the claim form and must be corrected before the claim can be processed. Accuracy in completion of the claim is vital for timely payments.

### Late claims

A sponsor is allowed reimbursement for one late claim every three years.

### Method of Payment

Sponsors will receive reimbursement through electronic funds transfer (EFT). The EFT method automatically deposits the funds in the Sponsor's bank account.

### Reimbursement Rates

The reimbursement rates for administrative costs and creditable meals are adjusted annually, on July 1, to reflect changes in the Consumer Price Index.

### Administrative Costs

Administrative reimbursements are determined by multiplying the number of family day care homes submitting a claim for reimbursement during the month by the appropriate annually adjusted administrative reimbursement rate.

### Reimbursement of Creditable Meals

Sponsors receive reimbursement for creditable meals served in each of the Sponsor's day care homes. Reimbursement for these costs are calculated based on the meals served and the Tier status of the day care home. The record of meals served by FDCH providers is received by the Sponsoring organization.

The Sponsoring organization must then compile all of the claims received from the day care homes when submitting an original claim for reimbursement to CNIPS.

Prior to submitting a claim for reimbursement to CNIPS, the Sponsor must ensure that all claims are based on the actual number of meals served in the day care home and that all supporting documentation has been received for each claim.

#### Payment to Providers

Sponsors must disburse all FDCH reimbursement payment within five (5) working days of receipt of payment from School and Community Nutrition. The full amount of meal reimbursement shall be disbursed to each provider on the basis of the number of reimbursable meals and snacks served to enrolled and participating children. Exceptions to this occur when a disallowance is made as part of the Sponsor's monthly claim review, monitoring review or audit by the Sponsor or SCN.

#### Provider Reimbursement

Sponsors are responsible for ensuring that the claim for reimbursement is accurate and that adequate documentation to support the claim is available and maintained on file. Sponsors must review all providers' claims that are received prior to submitting the claim for reimbursement. Any claims received that are not fully documented must be disallowed or the portion not supported disallowed.

#### Provider Payments

Providers must be reimbursed for all allowable meals served. Sponsors must remit payment to the providers within five (5) working days of receipt of payment from SCN. Sponsors may remit payment via electronic funds transfer to the provider.

Sponsors may not reduce or withhold any reimbursement to the provider except for the following reasons.

#### Monthly Edit Checks

Monthly edit checks are Review Procedures that must be applied to a day care home provider's claim each month in order to determine the claim's validity. The monthly edit checks must ensure that:

- The day care home has been approved to serve the meal types being claimed.
- The number of meals claimed does not exceed the number derived by multiplying approved meal types by the days of operation by enrollment.

#### Withholding or Reducing Provider's Reimbursement

Sponsors may withhold or reduce a provider's reimbursement when a disallowance is made as part of a monthly claim review, monitor review, or audit conducted by the Sponsor or SCN. Withholding or reducing of any provider's reimbursement must be made when there is evidence of noncompliance with CACFP regulations. Sponsors must inform the provider in writing of the reason for the disallowance. Those reasons must be fully documented on the provider's claim and retained in the Sponsor's file.

#### Late Provider Claims

Sponsors may establish time frames in which FDCHs are required to submit their meal claims.

### Reconciling Provider Reimbursements

Sponsors must prepare monthly provider reimbursement reconciliation reports. Sponsors should assure that providers receive the correct payments. SCN ensures that the Sponsor is properly disbursing the funds it receives.

Reconciliation records provide, in a single location, all of the claiming and payment information about a specific provider. Sponsors must maintain record of all transactions documenting payment to a provider. These records must document by date the amount of every payment requested by and paid to each provider and the amount requested from and paid by SCN. At a minimum, these reconciliation records must contain:

- Name of FDCH provider
- Meal Counts
- Claim month
- Amount paid to the provider
- Check number or EFT transaction
- Check date or EFT transaction date
- Amount claimed to SCN
- Date claimed to SCN
- Date provider check or EFT was paid by the bank

### Outstanding Provider Payments

Sponsor must track all outstanding provider payments that have not been cashed. The Sponsor must make a good faith effort to determine why the check hasn't been cashed. This may include telephone calls, onsite visits, or written inquiries to the provider.

## **Actual Costs Quarterly Reporting**

### **ACQR (Actual Costs Quarterly Reporting) and Justification for Reimbursement**

FNS 796-2 Revision 3 requires that all institutions show fiscal integrity and accountability for all funds received from the Child and Adult Care Food Program. All expenses incurred as program expenses must be approved and funds must be used for authorized program expenses only.

In order to justify the reimbursement received, the State Agency requires that all institutions report their actual costs. The State Agency will review the costs to ensure that institutions are being fiscally responsible with CACFP funds.

**There are 3 options for reporting actual costs:**

**NOTE: Sponsors/Institutions should complete 1 of the below 3 options in addition to the monthly Record of Expenditures.**

1. Institutions which have been completing the quarterly ACQR Report in CNIPS can continue to do so. If reporting quarterly, the ACQR is to be completed by January 31st for the first quarter, April 30th for the second quarter, July 31st for the third quarter, and October 31st for fourth quarter. The ACQR can be completed in CNIPS at <https://cnips.education.ky.gov/cnips/>
2. Institutions can submit a one-time, annual ACQR in CNIPS by combining the costs for all of the months (Oct – Sept) and recording the totals in just one section of the ACQR (Due annually by October 20th).
3. Institutions can complete the electronic or paper version of the “Justification for CACFP Reimbursement” form which can be found on the State Agency website and submit it to their CACFP consultant by October 20th.

**Institutions must complete at least one of these options each year.**

**Not doing so will result in a review.**

## Justification for CACFP Reimbursement

Month	Food	Non-Food	Program Labor	Administrative	Total Expenditures By Month	Reimbursement Amount	Difference	*% Spent On Food
Oct.								
Nov.								
Dec.								
Total								
Jan.								
Feb.								
Mar.								
Total								
Apr.								
May								
June								
Total								
July								
Aug.								
Sept.								
Total								
Total for The year								

\*FNS 796-2(IV) and 7 CFR 226.15(e) (6)

\* Food Expenses divided by Reimbursement = % Spent on Food

## How To Add A New Provider/Site

1. After doing the Pre-Approval visit, fill out the Pre-Approval/Adding New Provider form.
2. This form needs to be submitted by the 25<sup>th</sup> of the month, to be eligible to claim the following month.
3. License/Certificate or Registered letter must be submitted at this time.
4. All information should be submitted to the consultant assigned to the CNIPS application.
5. These two pieces of documentation, license/certificate or registered letter and the Pre-op form/Adding New Provider form can be faxed, emailed or mailed to the State Agency office.
6. CACFP Fax number is 502-564-5519
7. Address is:
  - Child and Adult Care Food Program
  - Division of School and Community Nutrition
  - Dept. of Education
  - 2 Hudson Hollow, Suite B
  - Frankfort, Ky. 40601
8. When information is received and reviewed, the CACFP Consultant will then add the new provider into CNIPS. This information will consist of the provider name, tier level and license/certification/registered number.
9. The Consultant will then send an email to the sponsor to complete the provider site application.
10. The Sponsor will notify the CACFP Consultant when the information had been updated.
11. Consultant will email the sponsor to notify regarding approval of site.
12. Please send renewal letters to CACFP Consultant for the sponsor file.
13. Licenses are usually good for 1 year, certificates for 2 years and registered letters for 1 year. There are some exceptions to this. Military certificates are usually good for 3 years.
14. Consultant will notify Program Coordinator of providers added, renewals, and closings.

## Family Day Care Homes

### Pre-Approval Visit to add FDCH Providers to CNIPS Application

Name of Sponsoring Organization: \_\_\_\_\_

CNIPS NUMBER: \_\_\_\_\_

1. Provider Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ KY \_\_\_\_\_

Phone Number: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Provider's children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

3. Does the Provider plan to claim the meals for reimbursement served to his/her own children? YES NO

4. Is the Provider claiming related children over capacity? YES NO

IF YES, list the names of the children and the relationship to the Provider:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

5. Provider Type: REGISTERED \_\_\_\_\_ CERTIFIED \_\_\_\_\_ LICENSED \_\_\_\_\_ (include document) Capacity

\_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Operating Time \_\_\_\_\_

Meals to be claimed: Breakfast \_\_\_\_ AM Snack \_\_\_\_ Lunch \_\_\_\_ PM Snack \_\_\_\_ Supper \_\_\_\_ LN Snack \_\_\_\_

6. Has the Provider received training on CACFP requirements? YES/NO DATE: \_\_\_\_\_

7. Is the Provider willing to maintain appropriate CACFP required documents? YES/NO



8. Are the kitchen and dining areas clean and appropriate for food service? YES/NO

9. Are thermometers available and in working condition for refrigerator and freezer? YES/NO

10. Is this area/county served by another Sponsoring Organization? YES/NO

If YES, list name of Sponsoring Organization: \_\_\_\_\_

11. Has the Provider participated in CACFP with another Sponsoring Organization OR as Type I Institution? YES/NO

If YES, list name of Sponsoring Organization OR Name of Daycare Center and dates of operation:

\_\_\_\_\_ DATE: \_\_\_\_\_

12. Has the Provider ever been terminated or determined to be Seriously Deficient? YES/NO

13. Does the Sponsoring Organization have any other Provider in the county? YES/NO

If YES, how many providers in this county? \_\_\_\_\_

14. Is this Provider located within 100 miles of the Sponsoring Organization office? YES/NO

15. List the Family Day Care Home Monitor assigned to this Provider. \_\_\_\_\_

\_\_\_\_\_  
Signature of Family Day Care Home Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Sponsoring Organization Representative

\_\_\_\_\_  
Date

## **Monitor Reviews For Sponsoring Organizations**

Monitoring sponsored homes/centers for compliance with CACFP regulations is an important responsibility of Sponsoring Organizations. Sponsoring Organizations can also use monitor reviews to provide technical assistance when needed.

### **Monitor Review Checklist:**

- **3 reviews conducted each fiscal year**
- **2 reviews must be unannounced**
- **Time between reviews must not be more than 6 months (i.e. Oct., Feb., June)**
- **A meal service must be observed for at least 1 review**
- **Ensure documentation of all technical assistance provided**
- **Must ensure that review time is varied:**

*A meal service must be observed during at least one of the monitor reviews conducted during the year. In accordance with USDA FNS Policy Memo CACFP 16-2011, sponsoring organizations must ensure that the timing of unannounced reviews is unpredictable. For example, unannounced reviews that always occur during the third week of January, third week of May, and third week of September are predictable. The review schedule should be varied enough that facilities staff are unable to anticipate the date/timing of the review.*

**The Monitor Review Form must be complete and any/all Technical Assistance listed on the form.**

**A copy of the Monitor Review form may be found on the State agency website:**

<https://education.ky.gov/federal/SCN/Pages/CentersAndHeadStartsElectronicForms.aspx>

## **CACFP Program Integrity**

Sponsors must identify, follow-up, and correct non-compliance issues to bring providers into compliance. If a Sponsor doesn't perform their function of monitoring non-compliance and bringing providers into compliance or terminating providers, and a significant number of non-compliance providers are found by the State agency, the Sponsor would be out of compliance with their Program Agreement with the Department of Education as well as the Division of School and Community Nutrition.

### **Identification of Providers at High Risk of Program Non-compliance**

To assure program integrity, Sponsors should use indicators of provider non-compliance, such as the following, to identify providers at highest risk of inappropriate claiming. Verification methods should then be used to validate claims and assure compliance.

- **Providers who submit block claims.**
- **Providers whose claiming pattern is broken only by an announced or unannounced monitoring visit.**
- **Providers who regularly claim children on holidays.**
- **Providers whose completed claim is received prior to the last day of the month but completed through the last day of the month.**  
(Sponsor will need to follow-up, as a provider cannot claim for a meal prior to serving it)
- **Providers who conduct extensive shift care.**
- **Providers who regularly receive greater than \$800 per month in reimbursement.**
- **Providers who have complaints or concerns expressed against them.**  
Sponsors may use their own discretion to decide if secondhand information is reliable and warrants investigation. Sponsors should follow-up on complaints.
- **Providers whose home visit information for meals claimed, menus, and children in attendance differs from the information submitted on the claim for reimbursement.**
- **Providers who are difficult to schedule or frequently unavailable to visit because they fail to provide advanced notice that they will be away from their home.**
- **Providers who deny consultants access to their home while children are in care or deny access to program records.**
- **Providers who exceed license capacity requirements.**

### **Verification Methods to Validate Claims**

There are several methods that can be used to investigate providers who are suspected of submitting invalid claims. Some of the possible methods include:

- Comparing a submitted claim to the information observed on a home visit.
- The five-day record reconciliation of meal counts with enrollment and attendance records conducted during home visits.
- Unannounced visits.
- Sign in/sign out sheets.
- Household contacts.

Comparing the submitted claims to home visit information and the five-day reconciliation are often the Sponsor's first methods to verify claims. If discrepancies are seen, Sponsors can use unannounced visits and sign in/out records to determine if the provider is submitting invalid claims. If either the unannounced visit or the sign in/sign out sheets indicate an invalid claim or if the information obtained from the unannounced visit or the sign in/out sheets needs further explanation, parent verification or household contacts must be used. In some instances, it may be most appropriate to verify claims by conducting household contacts immediately after detecting discrepancies during home visits or on claims.

### **Follow-up and Documentation on Findings of Non-compliance**

Once an investigation reveals that a provider is not in compliance with Program rules and/or has submitted an invalid claim, the Sponsor must determine if the deficiency/error is serious or less than serious. In order to determine this, the Sponsor should consider frequency and severity of the deficiency/error.

Frequency should be determined by reviewing the provider's historical record to see if the same or similar problem had been noted in the past and if so, how often. Severity should be determined by considering the error in relation to its consequences to Program Integrity. For example, some deficiencies are so severe that even one occurrence could be considered serious; such as claiming multiple meals served to several children whose parents verified they were not in care. Some deficiencies or errors may not be considered severe, such as serving a non-creditable meal, but may be considered serious if found to occur frequently. In determining whether a deficiency is serious or less than serious, the Sponsor may want to additionally consider other factors, such as the provider's length of program experience and literacy level or English proficiency.

Sponsors must ensure that providers take corrective action to come into compliance with Program rules once deficiency/error is detected, whether considered serious or less than serious. A provider who fails to correct serious deficiencies within the allotted time for correction may then be considered seriously deficient in their operation of the CACFP. Documentation must be maintained on the detection and resolution of all deficiencies/errors found, including the process and results of any related investigation or verification work conducted. In the case of serious deficiencies, documentation must include the information specified in the following procedures.

### **Serious Deficiency Process**

The serious deficiencies may include, but are not limited to the following:

- Submission of false information on the application.
- Submission of false claims for reimbursement.
- Simultaneous participation under more than one Sponsor.
- Non-compliance with the Program Meal Pattern
- Failure to keep required records.
- Conduct or conditions that threaten the health or safety of a child (ren), or the public health or safety.
- A determination that the family day care home has been convicted of any activity that occurred in the past seven years and that indicated a lack of business integrity. A lack of business integrity includes fraud, antitrust violation, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or the concealment of such a conviction.
- Failure to participate in training.
- Any other circumstances related to non-performance under the Provider Agreement, as specified by the Sponsor or the State Agency.

If the Sponsor determines that a family day care home has committed one or more of the serious deficiencies listed above, the Sponsor must use the following procedures to provide the family day care home notice of the serious deficiency and offer the home an opportunity to take corrective action. However, if the serious deficiency (ies) constitutes an imminent threat to the health or safety of the participants, or the family day care home has engaged in activities that threaten the public health or safety, the Sponsor must immediately suspend the family day care home's CACFP participation prior to any formal action to revoke the home's licensure or approval.

### **Serious Deficiency Notice**

The Sponsor must notify the family day care home that it has been found to be seriously deficient by use of the Prototype Letter for Serious Deficiency Process contained in the Sponsor's Serious Deficiency Policy. The State Agency must also be notified. The notice must specify:

- Provider's name, address, and license number.
- The serious deficiency (ies) (listing the serious deficiency that applies).
- The corrective action to be taken by the family day care home to correct the serious deficiency (ies).  
The serious deficiency notices must provide detailed information on the Sponsor's required corrective action plan for the identified serious deficiency (ies), which are specific to the deficiency needing correction and which addresses the root causes of the problems discovered.
- The time allotted to correct the serious deficiency or deficiencies (as soon as possible, but not to exceed 30 days).
- That the serious deficiency determination is not subject to administrative review (appeal).
- That failure to fully and permanently correct the serious deficiency (ies) within the allotted time will result in the proposed termination of the family day care home's agreement and the proposed disqualification of the family day care home and its principles.
- If the family day care home provider is eligible to receive Program payment during the period of corrective action. Usually the provider will receive payment for valid claims unless the home has been suspended for health and safety reasons.
- That the family day care homes' voluntary termination of its agreement with the institution after having been notified that it is seriously deficient will still result in the family day care homes' formal termination and placement of the family day care home and its principles on the National Disqualified List.

Sponsors must send the State Agency a copy of the Sponsor's serious deficiency correspondence with the FDCH provider. If the family day care home corrects the serious deficiency (ies), the Sponsor must notify the home it is no longer seriously deficient and send a serious deficiency deferral letter. The Sponsor must also provide a copy of this notice to the State Agency.

### **Termination ( for Cause) and Disqualification Process**

Termination for cause is defined as the termination of a family day care home's Provider Agreement by the Sponsor due to the home's violation of the agreement. FDCH Sponsors must initiate action to terminate the agreement of the FDCH for cause if the Sponsor determines the home has committed one or more serious deficiency (ies) listed above and the home has not corrected the serious deficiency within the allotted time for correction.

### **Termination for Cause**

It would be administratively simpler to allow a provider to terminate for convenience after a serious deficiency is declared but it would not prevent a fraudulent or mismanaged home from terminating its agreement for convenience and then reapplying to participate under another sponsor or in another jurisdiction.

### **Termination for Convenience**

Termination for convenience means termination of a home's agreement due to considerations unrelated to either party's performance of Program responsibilities. Either the sponsor or the home can take this action.

Termination for convenience may not be used by sponsoring organizations in instances where the termination is actually for cause (i.e., is based on the provider's failure to comply with the terms of its agreement with the sponsoring organization).

Improper use of termination for convenience by the sponsor constitutes an attempt to circumvent the placement of providers terminated for cause on the National Disqualified List (NDL).

### **Reasons for Termination for Convenience**

It may be a temporary occupation for many providers. Once children are older, many providers choose to leave child care for other pursuits.

Financial reasons unrelated to performance of Program responsibilities.

Provider may simply choose to change sponsors.

Sponsor may find it not financially viable to continue to sponsor a home. As sponsors' budgets become strained, economic factors may cause them to assess the cost-effectiveness of sponsoring a particular home. In order to maintain their financial viability, some sponsors may need to consider whether they can afford to keep providing service to all of their currently-participating providers.

### **Proposed Termination Notice**

If timely corrective action is not taken to fully and permanently correct the serious deficiency cited, the Sponsor must issue a notice proposing to terminate the FDCH's agreement for cause. The Sponsor must provide a copy of the notice to the State Agency. The notice must:

- Contain the provider's name, address, license number and date of birth.
- Explain the family day care home's opportunity for an administrative review (appeal) of the proposed termination.
- Explain that the reason for the proposed termination is because the FDCH did not correct the serious deficiency (ies).
- Inform the FDCH that it may continue to participate and receive Program reimbursement for eligible meals served until its administrative review (appeal) is concluded.
- Inform the provider that termination of the agreement will result in the termination for cause and disqualification.
- State that if the provider seeks to voluntarily terminate the agreement after receiving the notice of intent to terminate, the provider will still be placed on the National Disqualified List.
- Sponsors must continue to pay any valid claims for reimbursement for eligible meals served until the serious deficiency is corrected or the provider is terminated, including the period of any administrative review (appeal).

### **Termination Notice**

The Sponsor must immediately terminate the provider's agreement and disqualify the provider when the administrative review (appeal) official upholds the Sponsor's proposed termination and proposed disqualification, or when the provider's opportunity to request an administrative review (appeal) expires. The termination notice must contain the following information:

- Name, address, and license number of the provider.
- Provider's date of birth
- Termination date.
- If the provider failed to repay any debts, indicate yes or no.
- Amount of debt, if applicable
- Name and address of the sponsoring organization
- Reason for disqualification.

### **Suspension Process**

If State or local health or licensing officials have cited a provider for serious health or safety violations, the Sponsor must immediately suspend participation prior to any formal action to revoke licensure or approval. If the Sponsor determines that there is an imminent threat to the health or safety of participants at the day care home, or that the provider has engaged in activities that threaten the public health or safety, the Sponsor must immediately notify the appropriate State or local licensing authorities. If the licensing agency cannot make an immediate on-site visit, the Sponsor must take action that is consistent with the recommendations and requirement of these authorities. An imminent threat to the health and safety of participants and engaging in activities that threaten the public health and safety constitute serious deficiencies; however the Sponsor must use the procedures listed below to provide notice of suspension of participation, serious deficiency, and proposed termination of the provider's agreement.

### **Suspension Notice**

The Sponsor must notify the provider that its participation has been suspended, been determined to be seriously deficient, and that the Sponsor proposes to terminate the agreement for cause, and must provide a copy of this notice to the State Agency. The notice must:

- Include the provider's name, address, date of birth, and license number.
- Specify the serious deficiency(ies) found and the opportunity for an administrative review(appeal) of the proposed termination
- State that participation (including all Program payments) will remain suspended until the administrative review (appeal) is concluded.
- Inform the provider that if the administrative review official overturns the suspension, the provider may claim for reimbursement for eligible meals served during the suspension.
- Inform the provider that termination of the agreement will result in the placement of the provider on the National Disqualified List.
- State that if the provider seeks to voluntarily terminate its agreement after receiving the notice of proposed termination, the provider will still be terminated for cause and disqualified.

A Sponsor is prohibited from making any Program payments to a provider that has been suspended until any administrative review (appeal) of the proposed termination is completed. If the suspended provider prevails in the administrative review (appeal) of the proposed termination, the Sponsor must reimburse the provider for eligible meals served during the suspension period.

The Sponsor must immediately terminate the FDCH's agreement and disqualify the home when the administrative review (appeal) official upholds the Sponsor's proposed termination, or when the home's opportunity to request an administrative review (appeal) expires and issue the Termination Notice.

**Each Family Day Care Home Sponsoring Organization must ensure having FDCH Organization Appeal Procedures on file and provide the information with each provider.**

**Listed below are the Kentucky State Agency CACFP Appeals Procedure.**

## **CACFP APPEALS PROCEDURE**

### **Section 1. Actions that May be Appealed (Child and Adult Food Care Program) (7 CFR § 226.6(k)).**

- (1) An institution including an independent center or sponsoring organization on behalf of a facility under its jurisdiction, and responsible principals and responsible individuals, may appeal the following adverse actions pursuant to 7 CFR § 226.6(k)(2):
  - (a) Denial of a new or renewing institution's application for participation;
  - (b) Denial of an application submitted by a sponsoring organization on behalf of a facility;
  - (c) Notice of proposed termination of an institution;
  - (d) Suspension of an institution's participation;
  - (e) Denial of an institution's application for start-up payments or expansion payments;
  - (f) Denial of an advance payment;
  - (g) Denial of all or part of a claim for reimbursement;
  - (h) Notice of proposed disqualification of a responsible principal or a responsible individual;
  - (i) Recovery of all or part of an advance in excess of the claim for the applicable period;
  - (j) Decision by the Kentucky Department of Education, Division of School and Community Nutrition (division) not to forward to Food and Nutrition Service (FNS) an exception request by an institution for payment of a late claim, or a request for an upward adjustment to a claim;
  - (k) Demand for the remittance of an overpayment; or
  - (l) Any other action of the division affecting the participation of an institution in the program or the institution's claim for reimbursement.
- (2) Adverse actions not subject to appeal include the following adverse actions pursuant to 7 CFR § 226.6(k) (3):
  - (a) FNS decisions on claim deadline exceptions and requests for upward adjustments to a claim;
  - (b) Determination of serious deficiency;
  - (c) Division's determination that corrective action is inadequate;
  - (d) Disqualification and placement on the division's list and National disqualified list;
  - (e) Termination;
  - (f) Decision regarding removal from National disqualified list by the division or FNS;
  - (g) Division's refusal to consider an application submitted by an institution or facility on the National disqualified list.

### **Section 2. Notice of Action. ((7 CFR § 226.6(k)(5))**

- (1) The division must provide written Notice of Action to an institution's executive director and chairman of the board of directors, and the responsible principals and responsible individuals.
- (2) The Notice of Action shall give notice of the adverse action being taken or proposed, the basis for the action, and the procedures under which the institution and the responsible parties or responsible individuals may request an administrative review of the action.



- (3) The Notice of Action may be sent by certified mail, return receipt requested, e-mail or by facsimile.
- (4) The Notice of Action shall state that the appeal shall be made within the timeframe set forth in Section 4 of this policy and the appeal shall meet the requirements set forth in Section 3 of this policy.

### **Section 3. Filing An Appeal.**

- (1) A program institution, responsible principal, or responsible individual aggrieved by an adverse action of the division may appeal the adverse action by filing a timely request for an appeal. The request shall be filed with the Office of Legal, Legislative, and Communication Services, Department of Education, 300 Sower Blvd. 5th. Floor Frankfort, KY 40601
- (2) If the institution or responsible principals and responsible individuals want a hearing the institution of responsible principals and/or individuals must specifically request it in the written request for appeal otherwise the administrative review official will consider the appeal based on written information only.

### **Section 4. Appeal Timelines.**

- (1) The request for appeal shall be written and shall be postmarked or received no later than 15 days after the date the notice of adverse action is received.
- (2) The division shall acknowledge receipt of the request for an appeal within ten (10) days of its receipt of the request.
- (3) Any information on which the division's action was based shall be available for inspection by the institution and the responsible principal and responsible individual from the date of receipt of the request for an appeal.

### **Section 5. Appeal Procedures.**

- (1) The division shall forward any request for appeal to the Director of Administrative Hearings Branch, Office of the Attorney General for the Commonwealth of Kentucky to designate an administrative review official. The request for appeal shall be accompanied by a copy of the notice of adverse action sent by the division.
- (2) The administrative review official must be independent and impartial. This means that he/ she must not have been involved in the action that is the subject of the administrative review, or have a direct personal or financial interest in the outcome of the administrative review.
- (3) During the appeal process, the institution, responsible principal, or responsible individual shall:
  - (a) Self-represent;
  - (b) Be represented by legal counsel; or
  - (c) Be represented by another person.
- (4) The division's action shall remain in effect during the appeal process. However, participating institutions and sites may continue to operate the Program during an appeal, and if the appeal results in overturning the division's decision, reimbursement shall be paid for eligible meals served during the appeal process. However, such continued operation shall not be allowed during the pendency of the appeal if the division's action is based on imminent danger to the health or safety of children.
- (5) The institution and the responsible principals and responsible individuals may refute the findings contained in the Notice of Action in person or by submitting written documentation to the administrative review official. In order to be considered, written documentation must be submitted to the administrative review official not later than 30 days after receipt of the Notice of Action.
- (6) If a hearing is requested:
  - (a) The administrative hearing procedures of Kentucky Revised Statutes, Chapter 13B shall apply, except as provided in subsection (10) below.
  - (b) Except as provided in subsection (8) of this section, the institution, the responsible principal and responsible individual, and the division shall be provided with at least ten (10) days advance notice of the time and place of the hearing;
  - (c) If the institution's representative or the responsible principal and responsible individual or their representative fail to appear at the scheduled hearing, the right to a personal appearance

before the designated hearing officer shall be waived unless the designated hearing officer agrees to reschedule the hearing; and

- (d) A representative of the state agency shall be allowed to attend the hearing to respond to the testimony of the institution and the responsible principal and responsible individual and to answer questions posed by the designated hearing officer.
- (7) The designated administrative review official shall make a determination based solely on the information provided by the state agency, the institution, and the responsible principal and responsible individual and based on federal and state laws, administrative regulations, and policies and procedures governing the program.
- (8) Within sixty (60) days of the division's receipt of the request for an appeal, or ten (10) days if the matter under appeal is a suspension of participation based on false or fraudulent claims, the designated administrative review official shall inform the division, the institution's executive director and chairman of the board of directors, and the responsible principal and responsible individual of the outcome of the appeal.
- (9) The determination by the administrative review official is the final administrative determination to be afforded to the appellant.
- (10) The final order of the administrative review official shall be subject to judicial review in accordance with Kentucky Revised Statutes Chapter 13B.140, except that:
  - (a) All appeals of a final order shall be filed in Franklin Circuit Court.

## **CACFP REFERENCE SHEET**

<b>Monthly Membership-Information Needed for Claim</b>			
<b><i>Enrollment Forms</i></b> <ul style="list-style-type: none"> <li>Signed yearly by Parent/Guardian</li> <li>May have multiple participants on one form               <ul style="list-style-type: none"> <li>Days and hours normally in care and meals received are noted</li> </ul> </li> </ul>	<b><i>Income Applications</i></b> <ul style="list-style-type: none"> <li>Completed and signed by Provider who wants to claim their own children.</li> <li>May have multiple participants on one application</li> <li>Must be completed annually</li> <li>Sponsor is the determining official to make sure all information is complete</li> </ul>	<b><i>Sign in/out sheets.</i></b> <ul style="list-style-type: none"> <li>Completed daily</li> <li>Name matches participant's name on Enrollment Form</li> <li>Used to cross reference participants meal times.</li> </ul>	
<b>Meal Counts-Information Needed for Claim</b>			
<b><i>Menus</i></b> <ul style="list-style-type: none"> <li>Must meet meal pattern guidelines</li> <li>Current month posted</li> <li>Food must be creditable</li> <li>Copies placed in monthly folder</li> </ul>	<b><i>Menus, Continued</i></b> <ul style="list-style-type: none"> <li>All menus, including Infant menus, must be maintained</li> <li>Substitutions must be noted on all menus at the beginning of the day.</li> </ul>		
<b>Civil Rights</b>			
<b><i>Public Notification System</i></b> <ul style="list-style-type: none"> <li>And Justice for All in the Sponsor's office</li> <li>Non Discrimination Statement</li> </ul>	<b><i>Data Collection</i></b> <ul style="list-style-type: none"> <li>Completed annually</li> <li>Includes Ethnic and Racial Data</li> </ul>	<b><i>Grievance Procedures</i></b> <ul style="list-style-type: none"> <li>Documents kept in accessible location</li> <li>Move complaint forward in a timely manner (3 days)</li> </ul>	<b><i>Training</i></b> <ul style="list-style-type: none"> <li>Must include Civil Rights to all people involved with food service</li> <li>Required prior to start of any program duties</li> <li>Performed annually and as needed for new staff</li> <li>Documented and filed in appropriate folder</li> </ul>
<b>Monitor Reviews</b>			
<ul style="list-style-type: none"> <li>Only necessary for sponsors with multiple sites</li> <li>Completed within first 4 weeks of participation in the program</li> <li>Must complete at least 3 per year per site</li> <li>No more than a 6 month lapse between reviews</li> </ul>			



**The Child and Adult Care Food Program  
FY-2018-2019**

**Sponsoring Organizations of Family Day Care Homes**

**Documents to Submit**

1. Submit copy of current day care home license(s)/certificates/registered letters
2. Submit a copy of your latest audit, if receiving over \$750,000 in federal funds yearly.

**Completed at the Beginning of Each Fiscal Year**

1. Application
2. Board of Directors
3. Sponsor Administrative Budget
4. Projected Administrative Earnings, found in the Budget
5. Fiscal and Administrative Viability Worksheet, found in the Management Plan
6. Civil Rights Compliance Review, found in the Management Plan
7. FDCH Site Summary
8. FDCH Provider Site Sheets (for only new Providers)

**Documents Maintained and Filed at the Sponsor's Office**

1. All subcontractor and consultant agreements
2. Copies of all participants' Enrollment Forms and Income Applications (If the provider is keeping his/her own children and claiming, or if they are a Tier 2, claiming low-income children) The IA is for the parents of the low-income children.
3. Sponsor/Provider Agreements
4. Documentation of Provider Training
5. Provider Monthly Menus and Meal Counts
6. Itemized Monthly Budget Worksheet with supporting documentation
7. Provider Monitor Reviews-3 a year